

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully and correctly. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06458
165

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
118 East Church Street

How long in hospital or institution?

3. (a) FULL NAME

BABY ALEXANDER

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

January 9, 1948

8. AGE:

Years

Months

Days

If less than one day

0

0

0

6

hrs.

10

? min.

Frederick-Frederick-Maryland

9. Birthplace (Town, county, and state)

Infant

10. Usual occupation

11. Industry or business

12. Name John A. Esworthy

13. Birthplace Frederick, Maryland

14. Maiden name Margaret Alexander

15. Birthplace Middletown, Maryland

16. Informant Miss Margaret Alexander

Address 118 E. Church St., Frederick, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 1/10/48

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

Elizabeth G. Heck

Registrar

19. Date received by registrar

10 Jan 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 East Church Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

January 9th 1948 at 8:30 A.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. I M. dead Jan 9 1948

Immediate cause of death

dyspexia then

Due to cloth over face

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Autopsy results Child alive when born

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of Jan 9 1948

Where did injury occur? Frederick, Frederick, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury cloth over face Injured at work?

P. W. Bow Deputy Med. Examiner

M. D. or other

Address Frederick, Md Date signed 1-10-48

VS A15 9-45-15M



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00459

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Mount Pleasant

How long in hospital or institution?.....

3. (a) FULL NAME

GRAYSON CLINTON ANGLEBERGER

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

D

6.(b) Name of husband or wife

Elsie Hoffman

7. Birth date of deceased (mo., day, yr.)

May 11, 1877

6.(c) If alive, give age

44

years

8. AGE:

Years

70

Months

8

Days

20

It less than one day

hrs. min.

9. Birthplace..... Nr. Mt. Pleasant-Frederick-Md.

(Town, county, and state)

10. Usual occupation.

Retired Farmer

11. Industry or business

Philip J. Angleberger

12. Name..... Philip J. Angleberger

13. Birthplace..... Frederick County Maryland

14. Maiden name.....

Sarah J. Stone

15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. Earl W. McDevitt

Address R. F. D. #1, Frederick, Md.

17. Burial

(Burial, cremation, or removal. Where?) Date thereof..... 2/2/48

(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 2/4/48

(Date rec'd by registrar) 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Mount Pleasant

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan 31 1948 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15, 1948, to Jan 31, 1948, and that I last saw him alive on Jan 30, 1948.

Immediate cause of death..... Coronary thromboses

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work.....

23. SIGNATURE..... Carroll L. Postlewait

M. D. other

Address..... Walkersville, Md. Date signed Jan 31, 1948

RIDGEWOOD

FEB 4 1948

ST REAULT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*Evidence for change
of year of birth
shown on*

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

06460

Reg. Dist. No. 131

CERTIFICATE OF DEATH

FILM NO. G 114

JAN 28 1948

1. PLACE OF DEATH;

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

40 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

323 North College Parkway

How long in hospital or institution?

3. (a) FULL NAME

JOSEPH HENRY APPLE LL.D.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Gertrude Harner

7. Birth date of deceased (mo., day, yr.)

August 4, 1865

6. (c) If alive, give age years

79

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Riversburg, Pennsylvania

(Town, county, and state)

10. Usual occupation

President Emeritus

11. Industry or business

Hood College

MOTHER FATHER

Joseph H. Apple

13. Birthplace

Hamburg, Pennsylvania

14. Maiden name

Elizabeth Anne Geiger

15. Birthplace

Manchester, Maryland

16. Informant

Miss Mirian R. Apple

Address

323 N. College Pkwy, Fred'k, Md.

17. Burial

(Burial, cremation, or removal, if applicable)

Date thereof 1/20/48

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 20 - Jan 1948

(Date rec'd by registrar)

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

Maryland

County Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

323 North College Parkway

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

January 17, 1948 at 6:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947, to Jan. 17, 1948
and that I saw him alive on Jan. 17, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

2 days

Due to

Arteriosclerosis

Other conditions R. Lumbosacral Disc Disease

Bilateral Paraparesis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Justin Scarre

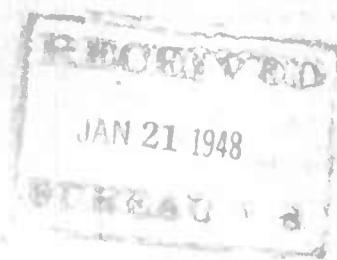
M. D. or other

Frederick, Maryland

1-19-48

Address

Date signed



JAN 21 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

00461

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred: Feagaville
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Feagaville
 (If rural, give LOCATION) None
 2.(a) If veteran, name war.

3. (a) FULL NAME

ANN REBECCA BEARD

3. (b) Social Security Number
 None

4. Sex F	5. Color or race W	6.(a) Single, married, widowed, or divorced* W
----------	--------------------	--

8.(b) Name of husband or wife Harlan J. Beard

7. Birth date of deceased (mo., day, yr.) April 30, 1860

8. AGE: Years 87 Months 8 Days 16 If less than one day hrs. min.

9. Birthplace Nr. Jefferson-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER Philip Culler
 12. Name Frederick County Maryland
 13. Birthplace

14. Maiden name Ann R. Dixon
 15. Birthplace Frederick County Maryland

16. Informant Mrs. A. Eugene Renn

Address R. F. D. #4, Frederick, Md.

17. Burial Date thereof 1/19/48
 (Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory St. Lukes Cemetery
 Location R. F. D. #4, Frederick, Md.

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 19 Jan 1948
 (Date rec'd by registrar) Elizabeth G. Tech
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1948 9:50P.M.

21. I CERTIFY that death occurred on the date above stated: That attended deceased from

New L 1948 to Jan 16 1948
 and that I last saw her alive on Jan 16 1948

Immediate cause of death Semli Sanguinum

Due to Mal Nutrition

Due to Anemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedges M. D.

M. D. or other

Address Frederick, Maryland Date signed 1-19-48

RECORDED

JAN 21 1948

The correct
age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00462

AC
Reg. Dist. No. 139

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... **Frederick**
 City or town..... **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... **Since 4/27/47**

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution?..... **Since 4/27/47**

3. (a) FULL NAME

Theodore E. Bever

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of ~~wife~~ wife**Madelyn Bever**

7. Birth date of deceased (mo. day. yr.)

July 10, 18946.(c) If alive, give age..... **51** years

8. AGE:

Years
53Months
6Days
10If less than one day
hrs. min.

9. Birthplace

Hoboken, New Jersey

(Town, county, and state)

10. Usual occupation

Manager of Bakery

11. Industry or business

MOTHER FATHER

Paul John Bever

MOTHER FATHER

Tarrytown, New York

MOTHER FATHER

Gretchen Schmalz

MOTHER FATHER

Hoboken, New Jersey

16. Informant

Address

Removal

Cemetery or crematory

Rutherford, N.Y.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland**Jan. 21 1948**

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Maryland** County.....City or town..... **Baltimore**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **101 W. Monument St.**

(If rural, give LOCATION)

2.(a) If veteran, name war..... **World War I**

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH **January 20**

1948 at 4:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 27** 1947 to **January 20** 1948and that I last saw him alive on **January 20** 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

33 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

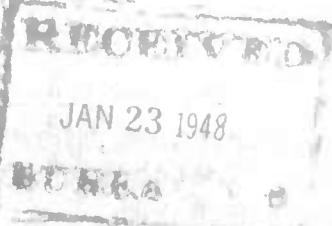
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. E. BeverM. D. ~~MD~~Address..... **State Sanatorium, Md.** Date signed **1/21/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

CERTIFICATE OF DEATH

004631
Reg. Dist. No. 31

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hrs.

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 hrs.

3. (a) FULL NAME

William Eugene Bodner4. Sex m5. Color or race w

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1936

6. (c) If alive, give age _____ years

8. AGE: Years 11 Months 1 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Frederick, Fred Co., Md.
(Town, county, and state)10. Usual occupation Student

11. Industry or business

12. Name William E. Bodner13. Birthplace Maryland14. Maiden name Catherine Fickett15. Birthplace Maryland16. Informant Mrs. William BodnerAddress Union Bridge, Md. 2143117. Burial (Burial, cremation, or removal) Burial Date thereof 1-23-48

(month) (day) (year)

Cemetery or crematory MonocacyLocation Beallsville, Md.18. Funeral director Tom. B. HiltonAddress Barnesville, Md.19. Date rec'd by registrar 22 Jan 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Union Bridge, Md. 21431
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

closed 19 to 19 to 19 and that I last saw W.M. alive on Jan 21 1948

Immediate cause of death

Fraction of shellFraction of left armDue to Levered left shoulderBreak

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings or operations _____

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

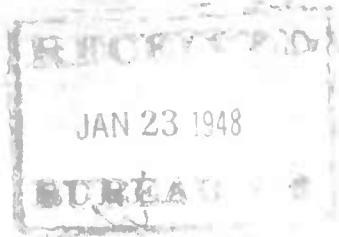
Accident accident Date of 1-21-48Accident, suicide, or homicide accident Where did injury occur? Wm. B. Hilton, Frederick, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. Route 31Means of injury automobile Injured at work? No

P.W. Baer Deputy Med

23. SIGNATURE P.W. Baer Ex M. D. or otherAddress Frederick, Md. Date signed 1-21-48



W-2

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct facts
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

00464

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month 10 days

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 1 month 10 days

3. (a) FULL NAME

Nannie Brooks

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female

colored

married

Charles W. Brooks

7. Birth date of deceased (mo., day, yr.)

Jan 15 1900

6. (c) If alive, give age 61 years

8. AGE:

Years

Months

Days

If less than one day

47 11 16 hrs. min.

9. Birthplace

Frederick, Frederick Md

(Town, county, and state)

10. Usual occupation.

cook

11. Industry or business

Sanitarium

MOTHER FATHER

12. Name

James Amelash Sr.

13. Birthplace

Frederick Co

14. Maiden name

Daisy Nichols

15. Birthplace

Frederick Co

16. Informant

Charles W. Brooks

Address

Route 41, Frederick Md

17. Burial

Date thereof Jan 4, 1948

(Burial, cremation, or removal)

(month) (day) (year)

Cemetery or cemetery

Bartonsville

Location

Bartonsville, Md

18. Funeral director

Harry E. Gandy Co

Address

Frederick, Md.

19. Date received by registrar

Elizabeth Heck

(Date received by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Frederick

City or town

Bartonsville

Rural

Route #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

none

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

319-20-1149

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Jan 1 1948 at 10⁵⁰ AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 20 1947 to Jan 1 1948

and that I last saw her alive on Jan 1 1948

Immediate cause of death

Balding of right breast 3 mo.

Due to

Gastritis due to Chronic nephritis (3-10-48-95)

Due to

Hypertension Heart Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

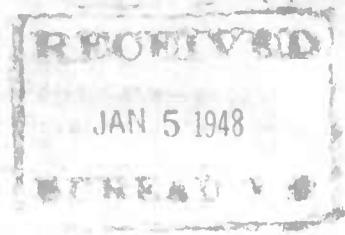
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. G. Gear, M.D. M. D. or other

Address Frederick, Md Date signed 1/1/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00465

CERTIFICATE OF DEATH

Reg. Dist. No. 144 133

180

1. PLACE OF DEATH:

County FrederickCity or town Foxville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetimel

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Archie W. Buhman

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

Years
10Months
3Days
28

If less than one day

hrs.

min.

9. Birthplace

Foxville, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

Archie W. Buhman

13. Birthplace

Gaithersburg, Md.

14. Maiden name

Charlotte Miner

15. Birthplace

Foxville, Md.

16. Informant

Archie W. Buhman

Address

Fantz, Md.

17. Burial

Date thereof Jan. 20, 1948

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Accident, suicide, or homicide. a cedent

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. 17 alive on dead Jan 19 1948

Immediate cause of death

Cerebral an
nearly complete

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

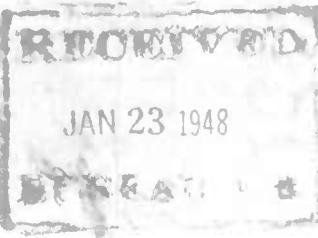
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. a cedent Date ofWhere did injury occur Near Foxville, Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury House burned down Inured at work? No

23. SIGNATURE

R. W. Baer DR. R. W. BAER
M.D. OtherAddress Fredewick, Md. Date signed Jan 20, 194819. Date rec'd by registrar Jan. 20, 1948Registrar Blanche S. Eyer

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00466

CERTIFICATE OF DEATH

Reg. Distr. No. 144 133

1. PLACE OF DEATH:

County

Frederick

City or town

Finksburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Larry Dale Buhman

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 1, 1938

6. (c) If alive, give age years

8. AGE:

Years
9Months
9Days
17If less than one day
hrs. min.

9. Birthplace

Finksburg, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Archie M. Buhman

13. Birthplace Garfield, Md.

14. Maiden name Charlotte Munier

15. Birthplace Finksburg, Md.

16. Informant Archie Buhman

Address Lanty, Md.

17. Burial Date thereof Jan 20, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Bethel

Location Garfield, Md.

18. Funeral director W. L. Geiger & Son

Address Thurmont, Md.

19. Jan 20, 1948
(Date rec'd by registrar)Blanche E. Eder
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Finksburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 18

19. X8 at 110. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead to Jan 18, 1948

Immediate cause of death

Cremation
nearly complete

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Cremation Date of 1. 18, 48

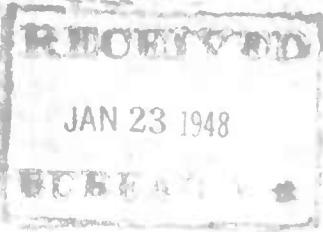
Where did injury occur? Foxville Frederick Co., Md.

Injured at home, farm, industry, public place (where?) house

Means of injury House burned down Injured at work? no

23. SIGNATURE

R. W. Eder, M.D. for other
Address Frederick, Md. Date signed Jan 19, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

00467

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Now long in above place of death? 50 Years
 Hospital, institution, or street address where death occurred:
 106 West Third Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 106 West Third Street
 (If rural, give LOCATION)
 None
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 CHARLES THOMAS BUXTON

3. (b) Social Security Number
 None

4. Sex M	5. Color or race W	6.(a) Single, married, widowed, or divorced S
-------------	-----------------------	--

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) September 8, 1859
 6.(c) If alive, give age years

8. AGE: Years 88	Months 4	Days 5	If less than one day hrs. min.
---------------------	-------------	-----------	--

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Retired Machinist

11. Industry or business Samuel Buxton

FATHER: 12. Name Frederick County Maryland
 13. Birthplace Ruth Mussetter

MOTHER: 14. Maiden name Frederick County Maryland
 15. Birthplace Miss Sophie Reich

18. Informant 106 W. 3rd St., Frederick, Md.
 Address

Burial 1/16/48
 (Burial, cremation, or removal, if any) Date thereof
 (month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address

Frederick, Maryland

19. 15 Jan 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrars

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13th 1948, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 13th 1947 to January 13th 1948 and that I last saw him alive on January 13th, 1948

Immediate cause of death Cerebral hemorrhage DURATION 48 hrs.

Due to Cardiovascular renal disease 20 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley

M. D. OMMK
 Address Frederick, Maryland Date signed 1/14/48

RECEIVED BY TELETYPE STATE QUARTERLY

10:00 AM CDT 1948

TELETYPE TO STATION 832

RECEIVED BY TELETYPE 10:00 AM CDT 1948

RECEIVED BY TELETYPE

RECEIVED

JAN 16 1948

FBI - MEMPHIS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06468

CERTIFICATE OF DEATH

131a
Reg. Dist. No.

138

1. PLACE OF DEATH:

County.....

Frederick

City or town.....

Rural - New Market

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

1 year

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Cora Lee Campbell Casper

3. (b) Social Security Number

None

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife

Robert H. Casper

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

October 29, 1861

8. AGE:

Years

Months

Days

If less than one day

86

2

29

hrs.

min.

9. Birthplace.....

Bedford County, Va.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

MOTHER FATHER

12. Name..... James W. Campbell

13. Birthplace..... Bedford County, Va.

14. Maiden name..... Catherine Elizabeth Ballard

15. Birthplace..... Appomattox, Va.

16. Informant.....

Mrs. H. H. Crispenberger

Address..... New Market, Md.

17. Burial.....

Date thereof..... Jan. 29, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Sherwood Burial Park

Location..... Salem, Va.

18. Funeral director.....

C. E. Cline & Son

Address..... Frederick, Md.

19. Date rec'd by registrar.....

Jan. 27, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Virginia County..... Roanoke

City or town..... Salem (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1-27-1948 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15, 1948, to January 27, 1948, and that I last saw her alive on January 26, 1948.

Immediate cause of death.....

Chronic Intestinal
Inflammation

DURATION

2 yrs

Due to.....

Due to.....

Other conditions..... Uraemia

10 days

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

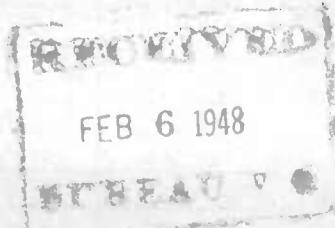
23. SIGNATURE.....

Ernest P. Roop
New Market, Md.

M. D. or other

Address.....

Date signed..... 1-27-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

158
00469
31

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or Institution?

3 days

3. (a) FULL NAME

Baby Boy Castle, James Richard

3. (b) Social Security Number

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

male

white

✓

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 7, 1948

years

8. AGE:

Years

Months

Days

If less than one day

3

hrs.

min.

9. Birthplace

Frederick, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

Clark J. Castle

13. Birthplace

Myersville, Md.

MOTHER

Carrie Harbaugh

15. Birthplace

New Market, Md.

16. Informant

Clark Castle

Address

Frederick, Md.

17. Burial

(Burial, cremation, removal, etc.)

Date thereof Jan. 12-1948

(month) (day) (year)

Cemetery or cemetery

Mt. Olivet Cemetery

Location

Frederick, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19. To you

19-48

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Frederick

Street No.

803 East Patrick St.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 10 1948 at 4:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 7 1948 to January 10 1948

and that I last saw him alive on January 9 1948

Immediate cause of death

Sphacelation

DURATION

Due to This baby was the result of a multiple birth. It weighed about 3 lb. 6 oz at birth.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

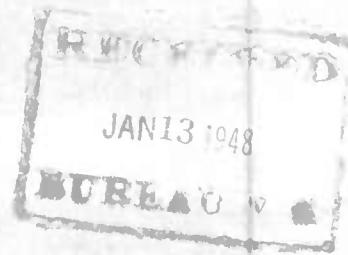
Howard W. Lubin M.D.

M.D. or other

Address

Frederick, Md. Jan 10-48

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00471

CERTIFICATE OF DEATH

145

Reg. Dist. No.

1. PLACE OF DEATH

County Frederick

City or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Sherman Clark

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife

Callie Clark

7. Birth date of deceased (mo., day, yr.)

Sept. 11, 1875

6. (c) If alive, give age 67 years

8. AGE:

Year

Month

Days

If less than one day

72

3

25

hrs.

min.

9. Birthplace Myersville, Frederick County, Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Calvin Clark

13. Birthplace Myersville, Md.

14. Maiden name Elizabeth Linebaugh

15. Birthplace Myersville, Md.

16. Informant Sallie Clark

Address Myersville, Md.

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof 1-9-1948

(month) (day) (year)

Cemetery or crematory Crosswick Cemetery

Location Myersville, Md. (Rural)

18. Funeral director

Address Middlebury Co.

19. (Date rec'd by registrar)

19-45-15M

Date signed 1-7-48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County Frederick

City or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-14-6408

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1948, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased

Jan 2, 1948, to Jan 5, 1948

and that I last saw him alive on Jan 5, 1948

Immediate cause of death

Due to

Due to Cerebral hemorrhage 3 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur More (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

J E Harp M.D. M. D. or other

Address Middletown Date signed 1-7-48

RECEIVED

JAN 12 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

06471/31

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

126 West South Street

How long in hospital or institution?

3. (a) FULL NAME

JOHN R. CRAWFORD

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Mary R. O'Brien

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 20, 1853

8. AGE:

Years
94Months
3Days
15

If less than one day

hrs.

min.

9. Birthplace

Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer & Stone Mason

11. Industry or business

Burton Crawford

MOTHER FATHER

12. Name

Frederick County, Maryland

13. Birthplace

Sarah Crummitt

14. Maiden name

Frederick County, Maryland

15. Birthplace

16. Informant

Mr. J. T. Crawford

Address

805 Silver Spring Ave., Silver Spring,

17. Burial

Date thereof January 6, 1948
(Burial, cremation, or removal, where?)
(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. Date rec'd by registrar

5 Jan

1948

(Date rec'd by registrar)

Elizabeth G. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 126 West South Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 4th 1948, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1947, to Jan 4, 1948

and that I last saw him alive on Jan 4, 1948

Immediate cause of death

acute dilatatory heart 2 days

Due to

6 chronic myocarditis 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Wm. M. Smith

M. D. or other

Address

Frederick, Date signed 1-15-48

RECEIVED

JAN 6 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00472
160a

131

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3. (a) FULL NAME

WILLIAM SHERWOOD DAVIS, JR.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

Jan 29, 1948

8. AGE:

Years

Months

Days

If less than one day

10 hrs.

min.

9. Birthplace

Emergency Hosp. Fred Md.

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, if any)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof

(month) (day) (year)

20. Registrar

Signature

Address

21. Social Security Number

None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Bartonsville

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 30, 1948, at 3:45 P.M.

21. I CECIFY that death occurred on the date above stated; that I attended deceased from

Jan. 29, 1948, to Jan. 30, 1948,

and that I last saw h. i. m. alive on Jan. 30, 1948.

Immediate cause of death

Cerebral hemorrhage

DURATION

10 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard H. Knoblock

M. D. or other

Frederick, Maryland Date signed 1-30-48

Registrar

RECOPYED

FEB 2 1948

STANFORD



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00473

131

Reg. Dist. No.....

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

RUSSELL EUGENE DEGRANGE

4. Sex

M

5. Color or race

W

8.(a) Single, married, widowed, or divorced

S

6.(b) Name of husband or wife

6.(c) If alive, give age year

7. Birth date of deceased (mo., day, yr.)

January 26, 1948

8. AGE:

Year

Months

Day

If less than one day

0 0 2 hrs. min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

John DeGrange

MOTHER FATHER

Frederick County Maryland

MOTHER FATHER

Nellie Burrier

MOTHER FATHER

Frederick County Maryland

MOTHER FATHER

John DeGrange

MOTHER FATHER

R. F. D. #2, Frederick, Md.

17. Burial

Date thereof 1/29/48

(Burial, cremation, or removal. Which)

(month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

18-48

(Date rec'd by registrar)

Elizabeth B. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 28 1948 at 8:04A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 26 1948 to Jan 28 1948
and that I last saw him alive on Jan 26 1948

Immediate cause of death

congenital

Due to

congenital malformation

Due to

Other conditions

Jane L.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Laurence Tech M. D.

M. D. or other

Frederick, Maryland Date signed 1-29-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1278
00474
131
Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick

County.....

Frederick

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since January 5, 1948

3. (a) FULL NAME

THOMAS FRANCIS DEGRANGE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Erma Heffner

7. Birth date of deceased (mo., day, yr.)

November 11, 1877

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

70

2

6

hrs.

min.

9. Birthplace

Nr. Middletown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

William F. DeGrange

MOTHER FATHER

Frederick County Maryland

14. Maiden name

Ellen Wiles

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Erma DeGrange

Address

Lime Kiln, Maryland

17. Burial

Date thereof.....

1/20/48

(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or ossuary

Lutheran Cemetery

Location

Middletown, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

19.48

(Date rec'd by registrar)

Elizabeth L. Heck.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Frederick

County.....

County

Frederick

City or town.....

Lime Kiln

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 17

1948, at 17³⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 17

1948, to Jan 17, 1948

and that I last saw him alive on

Jan 17

1948

Immediate cause of death

Pulmonary Embolism

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Gangrenous GB.

Date of op. Jan 5

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E.P. Thomas M.D.

M. D. or other

Address

Frederick, Maryland Date signed Jan 17 1948

RECEIVED

JAN 21 1948

LIBRARY - V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00475

CERTIFICATE OF DEATH

830
131

Reg. Dist. No.

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick-Rural R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

20 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Sunnyside

How long in hospital or institution?

3. (a) FULL NAME

ELLA IRENE DIGGS

4. Sex

F

5. Color or race

C

8. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Joseph W. Diggs

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

October 22, 1881

8. AGE:

Years
66Months
2Days
24If less than one day
hrs. min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

Alfred Weedon

12. Name

Frederick County Maryland

13. Birthplace

Priscilla Harper

14. Maiden name

Frederick County Maryland

15. Birthplace

Joseph W. Diggs

16. Informant

R. F. D. #4, Frederick, Md.

Address

Burial Date thereof 1/20/48

17. (Burial, cremation, or removal, if any)

(month) (day) (year)

Cemetery or crematory

Sunnyside Cemetery

Location

R. F. D. #4, Frederick, Md.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. (Date rec'd by registrar)

19-48

(Data rec'd by registrar)

Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Sunnyside

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 16 1948 at 10.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. encl. ave on Jan. 16 1948

Immediate cause of death

Sudden hemorrhage

DURATION

1/2 hr.

Due to hypertension

10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Barr Deputy Med

M. D. or other

Address Frederick P. rec'd 1/16/48 Date signed

RECORDED

JAN 21 1948

SEARCHED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00476
830

CERTIFICATE OF DEATH

131

Reg. Diet. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

241 East Second Street

How long in hospital or institution?

3. (a) FULL NAME

MARY FRANCES DUTROW

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

I. Myurtlin Dutrow

7. Birth date of deceased (mo., day, yr.)

September 22, 1877

8. (c) If alive, give age 70 years

8. AGE: Years

Months

Days

If less than one day

70

3

11

hrs.

min.

9. Birthplace

Adamstown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

Thomas L. Thomas

MOTHER FATHER

Frederick County Maryland

14. Maiden name

Kathryn Thomas

15. Birthplace

Frederick County Maryland

16. Informant

I. Myurtlin Dutrow

Address 241 E. 2nd St., Frederick, Md.

Burial

Date thereof 1/6/48

(Burial, cremation, or removal; whence)

(month) (day) (year)

Cemetery or cemetery

St. Johns Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1948

Elizabeth Hock

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 241 East Second Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd, 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 31, 1947, to Jan. 3, 1948,

and that I last saw her alive on Jan. 3, 1948

Immediate cause of death

Cerebral Hemorrhage 4 days

DURATION

Due to Arterio Sclerosis

5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

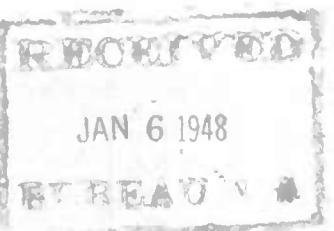
Means of injury

23. SIGNATURE

B. D. Hock

M. D. or other

Frederick, Maryland Date signed 1-5-48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00477

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... Frederick

City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since 12/16/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution?..... Since 12/16/47

3. (a) FULL NAME

Chester B. Farnham

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Charlotte Farnham

7. Birth date of deceased (mo., day, yr.)

April 19, 1905

6.(c) If alive, give age 42 years

8. AGE:

Years
42Months
8Days
19

If less than one day

hrs.

min.

9. Birthplace

Cheverly, Maryland

(Town, county, and state)

10. Usual occupation

Reporter

11. Industry or business

MOTHER FATHER

Albert F. Farnham

Herndon, Virginia

Daisy Wilfong

Lancaster, Pa.

16. Informant

Mrs. Charlotte Farnham (wife)

Address

4813 Erie St., Berwyn, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 10, 1948
(month) (day) (year)

Cemetery or crematory

Fort Lincoln

Location

Washington, D.C.

18. Funeral director

J. Garsch's Sons

Address

Washington, D.C.

19. January 7, 1948

(Date rec'd by registrar)

J. Garsch

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince George

City or town..... Berwyn
(If outside city or town limits, write RURAL and give nearest town)Street No..... 4813 Erie St.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

577-32-4495

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1948 at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 1947 to January 7 1948 and that I last saw him alive on January 7 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 Yr.

Due to.....

Due to.....

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

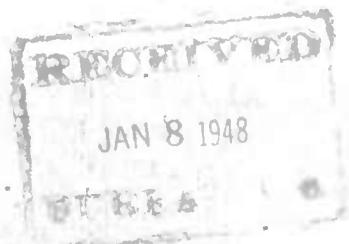
Injured at work?

23. SIGNATURE

R. B. Ballou

M. D. #3000

Address..... State Sanatorium, Md. Date signed 1/7/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00478

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Lewistown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

WALTER MILLER FEDERLINE

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife

Emma E. Rothenhoefer

7. Birth date of deceased (mo. day, yr.)

October 2, 1892

6.(c) If alive, give age 52 years

8. AGE: Years

Months

Days

If less than one day

55

3

7

hrs.

min.

9. Birthplace Laurel, St. Georges Co., Maryland

(Town, county, and state)

10. Usual occupation Molder

11. Industry or business

12. Name Charles E. Federline

13. Birthplace Laurel, Maryland

14. Maiden name Mary E. Bryant

15. Birthplace Virginia

16. Informant Mrs. Walter M. Federline

Address Lewistown, Maryland

17. Burial Date thereof January 12, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 12 Jan 1948
(Date rec'd by registrar)Blanche S. Tyler
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Lewistown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war ✓ World War I

3. (b) Social Security Number

217-10-0724

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Walter Miller Jr. for son 1948, al. 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-7-1948 to 1-9-1948

and that I last saw him alive on 1-7-

1948

Immediate cause of death

Cardiac Valvular disease
Also Hepatitis2 yrs
3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

U. G. Bourne, Jr.

M. D. or other

Address Frederick, MD Date signed Jan 10 1948

RECEIVED

JAN 15 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00479

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

T. LESTER FULMER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

8. (b) Name of husband or wife

Mary Angleberger

7. Birth date of deceased (mo., day, yr.)

November 28, 1885

6. (c) If alive, give age years

64

8. AGE:

Years

Months

Days

If less than one day

62

1

17

hrs. min.

9. Birthplace

(Town, county, and state)

Carpenter

10. Usual occupation

11. Industry or business

MOTHER FATHER

William H. Fulmer

MOTHER

Frederick County Maryland

FATHER

Virginia Hargett

MOTHER

Frederick County Maryland

FATHER

Russell E. Fulmer

MOTHER

Address 330 Madison St., Frederick, Md.

FATHER

Burial Date thereof 1/17/48

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date record by registrar

16 Jan 1948

Elizabeth G. Tech
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

District of Columbia

County

Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4825 Park Ave., Wesley Height

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

577-10-5075

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1948, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20, 1947, to Jan 15, 1948, and that I last saw him alive on Jan 15, 1948.

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Hypertension with Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

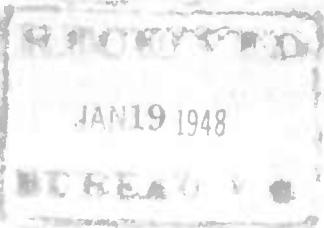
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Frederick, Maryland Date signed 1-16-48



JAN 19 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00480

134

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick

City or town..... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 86 years

Hospital, Institution, or street address where death occurred:

Main Street

How long in hospital or institution?

3. (a) FULL NAME

Basil C. Gilson

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male White Widowed

6.(b) Name of husband or wife..... Sara Weimer Hays Gilson

7. Birth date of deceased (mo., day, yr.)..... March 2, 1861

8. AGE: Years Months Days If less than one day
86 9 29 hrs. min.9. Birthplace..... Frederick County, Md.
(Town, county, and state)

10. Usual occupation..... Bookkeeper retired

11. Industry or business

12. Name..... William Gilson

13. Birthplace..... Frederick Co. Maryland

14. Maiden name..... Sally Crabster

15. Birthplace..... Frederick Co. Maryland

16. Informant..... Janes Hays

Address..... Emmitsburg, Maryland

17. Burial..... Date thereof..... Jan. 4, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Mountain View Cemetery

Location..... Emmitsburg, Maryland

18. Funeral director..... S. L. Allison

Address..... Emmitsburg, Maryland

Jan 3 = 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 1 1948 at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Myocardial degeneration several days

Due to..... Atherosclerotic

cardiovascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

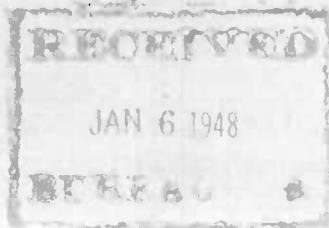
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address..... Executory Inc Date signed 1-2-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

526
004811
Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 21 East Sixth Street
 (If rural, give LOCATION) None

2.(a) If veteran, name war...

3. (a) FULL NAME

ALICE ADORA GLESSNER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

Thomas H. Glessner

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 4, 1865

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

Walkersville-Frederick-Maryland

9. Birthplace

(Town, county, and state)

At Home

10. Usual occupation

11. Industry or business

MOTHER FATHER

Presley J. Barrick

12. Name

Frederick County Maryland

13. Birthplace

Margaret Lease

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Mathias B. Miller, Sr.

16. Informant

127 W. 4th St., Frederick, Md.

Address

Burial

(Burial, cremation, or removal. When?)

Date thereof 1/12/48

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

12 Jan 1948

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 21 East Sixth Street
 (If rural, give LOCATION) None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1948, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 9 1947 to Jan 9 1948

and that I last saw her alive on Jan 9 1948

Immediate cause of death

Chronic myocarditis 24 P.

Due to

Due to

Other conditions

Bladder tumor -
(Urinary)

probably malignant (no cytology was made) E/M/terated

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Kline

M. D.

M. D. or other
Frederick, Maryland Date signed
1-12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

139

1. PLACE OF DEATH:

Frederick
County.....State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since 8/15/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution?..... Since 8/15/47

3. (a) FULL NAME

Geraldine Goff

4. Sex

5. Color or race

B.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband

XXX Jasper Goff

7. Birth date of deceased (mo., day, yr.)

January 12, 1929

6.(c) If alive, give age..... 32 years

8. AGE:

Years

Months

Days

If less than one day

18

11

29

hrs. min.

9. Birthplace

Elkins, W. Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

Clarence Greene

13. Birthplace

Elkins, W. Va.

14. Maiden name

Sylvia Helmick

15. Birthplace

Elkins, W. Va.

16. Informant

Deceased

Address

Removal

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Elkins, W. Va.

Location

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19. Jan. 12

1948

(Date rec'd by registrar)

J. M. Goff
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County.....

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 227 Scott St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1948 at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 15 1947 to Jan. 11 1948

and that I last saw her alive on January 11 1948

Immediate cause of death

Miliary Tuberculosis

DURATION
8 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. L. Barnes

M. D. # 2001X

Address State Sanatorium, Md. Date signed 1/12/48



I

9-4515M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correction fluid sparingly. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

004831

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 1 Day

3. (a) FULL NAME

MRS. JANE E. GRIFFIN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

William H. Griffin

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

January 21, 1864

8. AGE:

Years
84

Months

Days

If less than one day

5

hrs.

min.

9. Birthplace Carrollton Manor, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Charles Edward Thomas

13. Birthplace

Frederick County, Md.

14. Maiden name

Eliza Dutrow

15. Birthplace

Frederick County, Md.

16. Informant

Mr. David O. Griffin

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof January 28, 1948

(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. Date received by registrar

1948

Elizabeth L. Hecke
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

233 Dill Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 26th 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 24 1948 to Jan 26 1948
and that I last saw her alive on Jan 25 1948

Immediate cause of death

Shock

DURATION

3 days

Due to

Fracture at femur 3 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of Jan 24, 1948

Where did injury occur

Westonized

(City or town)

Md.

(State)

Injured at home, farm, industry, public place (where?) Home

Fall in house while attempting

Means of injury to get out of chair

Injured at work?

Laparotomie

23. SIGNATURE

B. O. Haasen
Frederick, Md. M. D. or other
Date signed 1/26/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1476

06484

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution?

3. (a) FULL NAME

CORTNEY AMERICUS GROSS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

Robert L. Gross

7. Birth date of deceased (mo., day, yr.)

March 23, 1916

6. (c) If alive, give age 32 years

8. AGE: Years

31

Months

9

Days

8

If less than one day

hrs. min.

9. Birthplace

Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name William A. Sier

13. Birthplace Frederick County Maryland

Mary Castle

14. Maiden name

Frederick County Maryland

15. Birthplace Robert L. Gross

16. Informant

Braddock Heights, Maryland

Burial

17. (Burial, cremation, or removal; When?)

Date thereof 1/4/48

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

2 Jan 1848
(Date rec'd by registrar)Elizabeth L. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1948 at 2:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 31 1947 to Jan. 1 1948

and that I last saw her alive on Jan. 1 1948

Immediate cause of death.

Hemorrhage; post-partum

DURATION

15 minute

Due to Endometritis

3 days

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas, M.D.
Frederick, Md.

M. D. or other

Address Date signed Jan. 2, 1948

RECORDED

JAN 5 1948

FBI - BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00485

CERTIFICATE OF DEATH

Reg. Dist. No.

139

W

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Since 11/7/47**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution?..... **Since 11/7/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County..... **Anne Arundel**
 City or town..... **Odenton**
(If outside city or town limits, write RURAL and give nearest town)
 Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number
None3. (a) FULL NAME
Benjamin H. Grove

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years

T. Birth date of deceased (mo., day, yr.) **November 27, 1907**

8. AGE: Years	Months	Days	If less than one day
40	1	23	hrs. min.

9. Birthplace..... **Mechanicsville, Maryland**
(Town, county, and state)

10. Usual occupation..... **Truck Driver**

11. Industry or business

MOTHER FATHER **Benjamin Grove**

13. Birthplace **Pittsburgh, Pennsylvania**

14. Maiden name **Appelonia Davis**

15. Birthplace **St. Mary's, Maryland**

16. Informant **Miss Blanche L. Neary (Friend)**

Address

17. Burial Date thereof **Jan. 21, 1948**
(Burial, cremation, or removal. Which?)

Cemetery or crematory **All Faith Cemetery**

Location **Charlotte Hall, Md.**

18. Funeral director **Hunt & Ryan,**

Address **Waldorf, Md.**

19. **January 19, 1948** *J. A. Ryan*

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH **January 19, 1948** at **2:40 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **November 7, 1947** to **January 19, 1948** and that I last saw him alive on **January 19, 1948**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **7 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

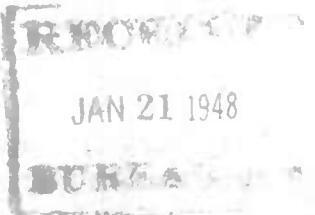
Means of injury

Injured at work?

23. SIGNATURE *R. L. Bacchini*

M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **1/19/48**



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00486
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

ELMER ELSWORTH GUYTON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

8. (b) Name of husband or wife

Mamie Maught

7. Birth date of deceased (mo., day, yr.)

December 20, 1878

8. (c) If alive, give age 67 years

8. AGE: Years

69

Months

0

Days

14

If less than one day

hrs.

min.

9. Birthplace

Nr. Burkittsville-Frederick-Md.

(Town, county, and state)

10. Usual occupation

Distributor for Rawleigh Products

11. Industry or business

William L. Guyton

MOTHER FATHER

Frederick County Maryland

12. Name

Laura Beachley

13. Birthplace

Frederick County Maryland

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Mamie M. Guyton

16. Informant

Jefferson, Maryland

Address

17. Burial

(Burial, cremation, or removal, where)

Date thereof 1/7/48

(month) (day) (year)

Cemetery or cemetery St. Pauls Lutheran Cemetery

Location

Jefferson, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. (Date rec'd by registrar) 6 Jan 1948

Elizabeth L. Hatch

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1948, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 18 1948 to Jan 4 1948

and that I last saw him alive on Jan 4 1948

Immediate cause of death

Myocardial decompression

DURATION

5 hours

Due to Coronary Occlusion

7 days

Due to Coronary Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. J. Price

M. D.

M. D. or other

Jefferson, Maryland

1-5-48

Address Date signed

RECORDED

JAN 7 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

00487

131

1/22/48

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland County..... Frederick
 City or town..... Rural - New Design Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 None
 2.(a) If veteran, name war.

3. (a) FULL NAME
 Emma V. Hall

3. (b) Social Security Number
 None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or - Edward E. Hall
 6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 31-1876

8. AGE: Years Months Days If less than one day
 71 9 20 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Bradley T. Fout

13. Birthplace Frederick County Maryland

14. Maiden name Mary Kaufman

15. Birthplace Frederick County Maryland

16. Informant Edward E. Hall

Address New Design Road - Frederick R.F.D.

17. Burial Date thereof Jan. 23-48
 (Burial, cremation, or removal, where) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C.E. Cline and Son

Address Frederick, Maryland

19. 22 Jan 1948 (Date rec'd by registrar) Elizabeth S. Hecks
 Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 20-1948 at 10:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14th, 1947, to January 20, 1948, and that I last saw her alive on January 20th, 1948.

Immediate cause of death Carcinoma - left breast
 Operated upon October, 1944, complete.
 Due to General metastasis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D. DOCTOR

Address Frederick, Maryland Date signed 1/22/48

RECORDED

JAN 23 1948

BENSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00488

160c

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

Baby Boy. Harper

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Jan 3 - 1948

8. AGE:

Years

0

0

Months

0

0

Days

0

12

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Baby Boy. Harper

MOTHER

FATHER

Name

Name

Birthplace

Birthplace

Maiden name

Maiden name

Birthplace

Birthplace

Informant

Address

Burial

(Burial, cremation, or removal, which?)

Blue

Cemetery or

crematorium

Location

Thurmont

Md

Funeral director

Name

Address

H. Jan

1948

(Date received by registrar)

Elizabeth G. Heck

Registrar

Signature

Address

Frederick, Md.

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MD

County

Frederick

City or town

Frederick

Rural

Street No.

R. 2. D. 3.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Jan. 3 1948 at 10:20 AM

I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 3 1948 to Jan 4 1948

and that I last saw him alive on Jan 4 1948

Immediate cause of death

Premature birth

7½ month

Due to premature

separation of

placenta

Other conditions

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

B. Thomasas M. D. or other

Address Frederick, Md. Date signed

Signature

Address

Signature Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct see
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00489

CERTIFICATE OF DEATH

164e
Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 12 days

3. (a) FULL NAME

Vernon Eugene Hefner Sr.

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Stella Zahn Hefner

7. Birth date of deceased (mo. day. yr.) Sept 21 - 1885 6. (c) If alive, give age years

8. AGE: Years 62 Months 4 Days 3 If less than one day hrs. min.

9. Birthplace Frederick County, Md
 (Town, county, and state)

10. Usual occupation Minister

11. Industry or business

12. Name not known

13. Birthplace known

14. Maiden name Mary Agnes

15. Birthplace Maryland

16. Informant Ernest W. Brown Jr.

Address Anne Arundel - Maryland

17. Burial Burial Date thereof 1/27/48
 (Burial, cremation, or removal. Which)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Md

18. Funeral director D. J. Hartman & Sons

Add High Bridge & New Windsor, Md

Date Jan 25 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Keymar (If outside city or town limits, write RURAL and give nearest town) Rural

Street No. #2 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1948 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 13 1948 to Jan 24 1948 and that I last saw him alive on Jan 24 1948

Immediate cause of death

Gastric hemorrhage

Due to

abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Reoperated abdomen

Date of op. Jan 23, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Jan 13 - 1948

Where did injury occur? Frederick (City or town) Maryland (County) Maryland (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury 22 Gun Injured at work? No

23. SIGNATURE E.P. Shouer M. D. or other

Address Frederick, Md Date signed Jan 24, 1948

RECORDED

JAN 28 1948

RECORDED

ii
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00490
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:
Home for the Aged

How long in hospital or institution?..... 20 years

3. (a) FULL NAME

Mrs. Roberta Dean Hendrickson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife

Charles B.T. Hendrickson

7. Birth date of deceased (mo., day, yr.)

December 10-1871

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

76

1

0

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

MOTHER FATHER

12. Name..... George William Dean

13. Birthplace

Frederick County Maryland

MOTHER FATHER

14. Maiden name.....

Laura Virginia Gonso

15. Birthplace

Frederick County Maryland

16. Informant

Records Home for the Aged

Address

115 Record St. Frederick, Md.

17. Burial

(Burial, reburial, or removal, when?)

Date thereof..... Jan. 13-1948

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C.E. Cline and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

12 Jan 1948

(Date received by registrar)

Elizabeth G. Heek

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 115 Record Street

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 10th 1948 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~as~~ for years .19. to 19.

and that I last saw her alive on January 10th, 1948.

Immediate cause of death

Chronic myocarditis

DURATION

Over several yrs

Due to..... Marked arthritic deformans involving entire bony structure over period of twenty years.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley M. D. XXXX
Frederick, Maryland Date signed 1/12/48

Address.....

C. H. Conley

M. D. XXXX

1/12/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00491
131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:
 Frederick Memorial Hospital
 Since January 6, 1948

How long in hospital or institution?

107
 2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hope Hill
 (If rural, give LOCATION)
 None

2.(a) If veteran, name war.....

3. (a) FULL NAME
 BARBARA ELAINE HOLLAND

4. Sex F	5. Color or race C	6.(a) Single, married, widowed, or divorced S
-------------	-----------------------	--

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)
 October 2, 1947

8. AGE: Years Months Days If less than one day
 0 3 5 hrs. min.

9. Birthplace.....
 (Town, county, and state)
 Frederick-Frederick-Maryland

10. Usual occupation.....
 Infant

11. Industry or business.....

MOTHER FATHER
 12. Name Alonzo Thomas
 13. Birthplace Frederick County Maryland

MOTHER
 14. Maiden name Catherine Holland
 15. Birthplace Frederick County Maryland

16. Informant.....
 Catherine Holland
 Address R. F. D. #2, Frederick, Maryland

17. Burial.....
 Date thereof 1/9/48
 (Burial, cremation, or removal, where)
 Cemetery or crematory Hope Hill Cemetery

Location.....
 Near Urbana, Maryland

18. Funeral director.....
 M. R. Etchison and Son
 Address Frederick, Maryland

19. Date record by registrar.....
 8 Jan 1948
 (Date record by registrar)

Registrar

3. (b) Social Security Number
 None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
 January 7th 1948 at 7:53 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 January 1, 1948, to January 7, 1948,
 and that I last saw her alive on.....

Immediate cause of death.....
 Barbaehid pneumonia 2nd

DURATION.....
 4/111

Due to.....
 Asbestosis

Due to.....
 Asbestosis

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Autopsy results.....
 Date of op. Home

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....
 Date of.....

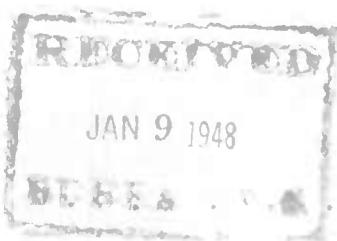
Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....
 Injured at work?.....

23. SIGNATURE.....
 M. D. or other
 Address Frederick, Maryland

Date signed 1-8-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00492

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick
County.

Walkersville-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since January 23, 1948

Hospital, institution, or street address where death occurred:

Near Mount Pleasant

How long in hospital or institution?

3. (a) FULL NAME

WILLIAM HUGH JACKSON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

C

M

6. (b) Name of husband or wife

Geraldine Beaner

7. Birth date of deceased (mo., day, yr.)

December 26, 1903

6. (c) If alive, give age

40

years

8. AGE:

Year

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Riveter

11. Industry or business

Sun Ship Building Drydock

MOTHER FATHER

Robert A. Jackson

12. Name

Frederick County Maryland

13. Birthplace

Mary Elizabeth Costley

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Mary E. Jackson

16. Informant

R. F. D. #1, Walkersville, Md.

17. Burial

Date thereof 2/3/48

(Burial, cremation, or removal, where?)

(month) (day) (year)

Wayman's Cemetery

Cemetery or crematory

R. F. D. #1, Frederick, Md.

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. 2 Feb

1948

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Pennsylvania

County

Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

January 29, 1948, at 8:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 26, 1948, to Jan. 29, 1948, and that I last saw him alive on Jan. 26, 1948.

Immediate cause of death

Chronic Myocarditis, 1 year
with Atrial Fibrillation

DURATION

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Frederick, Maryland Date signed 1-29-48

Address

RECEIVED

FEB 4 1948

PT&EA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

X 47c

CERTIFICATE OF DEATH

00493

131

Reg. Dist. No.

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

25 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

3 West Seventh Street

How long in hospital or institution?

3. (a) FULL NAME

CHRIS BYRON JACOBS

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Goldye Mayne

6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.)

July 12, 1887

8. AGE:

Years
60Months
6Days
15

If less than one day

hrs.

min.

9. Birthplace

Byron, Ill.

(Town, county, and state)

10. Usual occupation

Automobile Mechanic

11. Industry or business

Christian Jacobs

MOTHER FATHER

12. Name

Christian Jacobs

13. Birthplace

Germany

MOTHER FATHER

14. Maiden name

Bessie Schroeder

15. Birthplace

Germany

16. Informant

Mrs. Goldye Jacobs

Address

3 W. 7th St., Frederick, Md.

17. Burial

Date thereof 1/30/48

(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or cemetery East New Market Cemetery

Location

East New Market, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 28 Jan 1948
(Date rec'd by registrar)Elizabeth Y. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3 West Seventh Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

214-10-4235

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 27 1948 at 6:00P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18 44 to Jan. 27 1948

and that I last saw him alive on

Jan. 27 1948

Immediate cause of death

Bronchogenic carcinoma
with metastasis

DURATION

1 Year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ash M.D.
Frederick, Md. 1-28-48
M. D. or other
Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00494

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick

County.....

City or town.....Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution?.....

3. (a) FULL NAME

William T. Jones

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Lydia M. Jones

B. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.)

Sept 4, 1880

8. AGE:

Years

Months

Days

If less than one day

67 10 29

hrs. min.

9. Birthplace

Frederick Co. Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Hiram B. Jones

MOTHER

13. Birthplace

Maryland

14. Maiden name

15. Birthplace

Mary E. EstesMaryland

16. Informant

17. Burial

Mrs Lydia M. JonesMt. Airy Md

Address

(Burial, cremation, or removal, which?)

Date thereof 1-6-48
(month) (day) (year)

Cemetery or crematory

Locust Grove

Location

Frederick Co. Maryland

18. Funeral director

Address

G. W. CratzWinfield Md

19. (Date rec'd by registrar)

19 47

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County C CarrollOther town Mt. Airy, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-10-5768

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1948 19 _____ at 3:50 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 2, 1948 19 _____ to January 3, 1948 19 _____and that I last saw him alive on January 3, 1948 19 _____

Immediate cause of death

Coronary Thrombosis
and Pulmonary Infarc (left)

DURATION

2 da

2 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. Stanley Grabill

M. D. or other

Address Mt. Airy, Md.Date signed 1/4/48

RICOH CO.

JAN 7 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00495
93d

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

JAMES O. MANION

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W M

Annie E. Carlisle

8. (b) Name of husband or wife

8. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.)

February 12, 1868

8. AGE: Years Months Days If less than one day
79 11 8 hrs. min.

9. Birthplace New York-New York

(Town, county, and state)

10. Usual occupation Plaster

11. Industry or business

Kerman Manion

12. Name

Ireland

13. Birthplace

Mary R. Riley

14. Maiden name

Frederick County Maryland

15. Birthplace

W. V. Manion

16. Informant

Hyattstown, Maryland

Address Burial

Date thereof 1-23-48

(Burial, cremation, or removal, which)

Catholic Cemetery

Cemetery or crematory

Urbana-Frederick, Md. R. D. #2

Location

W. L. Burdette

18. Funeral director

Hyattstown, Maryland

Address

19. 22 Jan 1948
(Date rec'd by registrar)Elizabeth S. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ijamsville-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Hyattstown

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1948 at 6:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 12, 1948 to Jan. 20, 1948

and that I last saw h. i. m. alive on Jan. 20, 1948

Immediate cause of death

Cerebral hemorrhages

DURATION

14 days

Due to

Due to

Other conditions Arterio - sclerotic cardio -
vascular disease

2 years

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas, M.D.

M. D. or other

Address Frederick Md.

Date signed Jan. 22, 1948

RECORDED

JAN 23 1948

BURKE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00496

CERTIFICATE OF DEATH

DC Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/19/47
 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/19/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County.....
 City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
 Street No. 415 Falcroft St.
(If rural, give LOCATION)

2.(a) If veteran, name war. ✓

3. (a) FULL NAME
 John Markiewicz

3. (b) Social Security Number
 705-05-2135

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 24, 1882

6.(c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
65	8	21	hrs. min.

9. Birthplace..... Poland

(Town, county, and state)

10. Usual occupation..... Boiler maker

11. Industry or business.....

MOTHER FATHER 12. Name..... Peter Markiewicz

13. Birthplace..... Poland

14. Maiden name..... Mary Bieganeck

15. Birthplace..... Poland

16. Informant..... Deceased

Address.....

Burial..... Date thereof..... Jan. 19, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Stanislaus

Location..... Dundalk Ave., Baltimore, Md.

18. Funeral director..... John J. Duda

Address..... Baltimore, Maryland

19. January 15, 1948
(Date rec'd by registrar)

Registrar
J. O'Brien

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... January 14, 1948, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 19, 1947, to Jan. 14, 1948,

and that I last saw him alive on January 14, 1948.

Immediate cause of death..... Chronic Myocarditis

DURATION

1 Yr.

Due to.....

Due to.....

Other conditions..... Pulmonary Tuberculosis

7 Yrs.

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

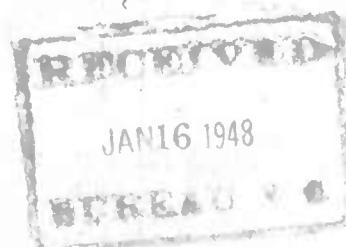
Nature of injury..... Injured at work?

23. SIGNATURE..... R. G. Breen

M. D. or other

Address..... State Sanatorium, Md. Date signed 1/15/48

X05120054



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00497

138

CERTIFICATE OF DEATH

Reg. Dist. No. 94a

1. PLACE OF DEATH:

County

Frederick

City or town

Montgomery

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Wesley M^c Henney

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

Married

A

Anna M M^c Henney

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 60 years

Jan 28 - 1883

8. AGE:

Years

Months

Days

If less than one day

65

11

5

hrs.

min.

9. Birthplace:

(Town, county, and state)

Churchill Md.

10. Usual occupation:

Station operator

11. Industry or business:

B & D. P. B

FATHER

12. Name:

Thomas W M^c Henney

13. Birthplace:

Md.

MOTHER

14. Maiden name:

Sarah Williams

15. Birthplace:

Md.

16. Informant:

Mrs Anna M M^c Henney

Address:

Selfincem, Md

17. Burial:

Buried Date thereof: 1/5/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory:

Chesrcliff Cem.

Location:

Churchill Md.

18. Funeral director:

Williams 131 Hillton

Address:

Barnesville, Md

19. Date record by registrar:

3-Jan 1948 S. K. Falconer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Carroll

City or town: Sykesville

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

219-07-6564

3. (b) Social Security Number

880-16-9833

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Jan 3

19-48, at 6 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

18. to 19.

and that I last saw h. 17 live on

dead Jan 3

19-48

Immediate cause of death:

coronary occlusion

Due to:

arteria occlud

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

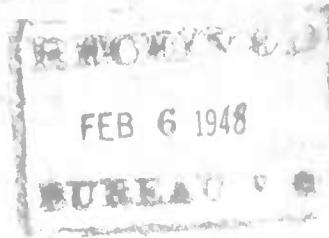
23. SIGNATURE:

R. W. Baer County Med

ex.

M. D. or other

Address: Frederick, Md Date signed: 1-3-58



W
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

938
00498

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Thurmont

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

3. (a) FULL NAME

REV. CARL MUMFORD

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Maude Beard

7. Birth date of deceased (mo., day, yr.)

November 12, 1877

6.(c) If alive, give age years

8. AGE:

70

Years

2

Months

16

Days

If less than one day
hrs. min.

9. Birthplace

Middletown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired Minister

11. Industry or business

MOTHER FATHER

John W. Mumford

12. Name

Frederick County Maryland

13. Birthplace

Susan Cochran

14. Maiden name

15. Birthplace

Frederick County Maryland

16. Informant

Rev. Karl L. Mumford

Address

Glenn Rock, Pennsylvania

Burial

Date thereof 1/31/48

(Burial, cremation, or removal, which?)

(month) (day) (year)

Lutheran Cemetery

Cemetery or crematory

Middletown, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

Jan. 30 1948
(Date rec'd by registrar)

Blanche S. Eyer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1948, at 8:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15, 1947, to Jan. 28, 1948,

and that I last saw him alive on Jan. 25, 1948.

Immediate cause of death

Heart disease - Coronary type
with chronic myocarditis

DURATION

2 yrs

Due to

Due to

Other conditions Post-hemolytic jaundice
infarction

1/yr

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Blanche S. Eyer
Thurmont, Md.

M.D.

M. D. or other

Address

Date signed Jan. 30, 1948

RECORDED

JAN 31 1948

F. T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06495

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County..... Frederick

City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 80 years

Hospital, Institution, or street address where death occurred:

119 Record St

How long in hospital or institution?

3. (a) FULL NAME

Nellie Percy Blake Page

4. Sex..... female 5. Color or race..... white 6. (a) Single, married, widowed, or divorced..... widowed

8. (b) Name of husband or wife..... Dudley Page
(dead)

7. Birth date of deceased (mo., day, yr.)..... Feb. 21, 1863

8. AGE: Years..... 84 Months..... 11 Days..... 2 If less than one day..... hra. min.

9. Birthplace..... Frederick, Frederick, Md
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

MOTHER FATHER: 12. Name..... William Blake

13. Birthplace..... Frederick Co., Md

14. Maiden name..... Rebecca Ellen Percy

15. Birthplace..... Cumberland, Md

Dudley, Md. Page

16. Informant..... Braddock, Md

Burial..... Date thereof..... Jan 6/48

(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Mt. Olivet

Location..... Frederick, Md

18. Funeral director..... Harry E. Carty Co

Address..... Frederick, Md.

19. Date rec'd by registrar..... 5 Jan 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md County..... Frederick

City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 119 Record St
(If rural, give LOCATION)

2.(a) If veteran, name war..... none

3. (b) Social Security Number..... none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan 3 1948 at 9:16 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 27th 1947 to Jan 3d 1948

and that I last saw her alive on Jan 3d 1948

Immediate cause of death..... Auto Bumper

CURATION..... 8 days

Due to..... Myocarditis

5 years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

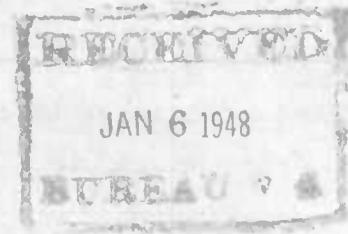
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Frank H. Hedr

M. D. or other.....

Address..... Frederick Date signed Jan 5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00500

CERTIFICATE OF DEATH

Reg. Distr. No. 131

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

1 day

3. (a) FULL NAME

Baby Martha Jane Palmer

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age

years

May 14, 1947

8. AGE:

Years

Months

Days

It less than one day

7

27

hrs.

min.

9. Birthplace

Middletown, Frederick County, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

Lee A. Palmer

MOTHER

Middletown, Md.

14. Maiden name

Daisy A. Holmes

15. Birthplace

Keedysville, Md.

16. Informant

Lee A. Palmer

Address

Middletown, Md.

17. Burial

(Burial, cremation, or removal, where)

Date thereof

1-11-48

(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19. To law

Date rec'd by registrar

1948

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 9

1948, at 10³⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 8

1948, to Jan 9 1948

and that I last saw her alive on Jan 9 1948

1948

Immediate cause of death

Hemorrhage

DURATION

1 day

Due to

Influenza (?)

2 days

Other conditions: Banks - Panama

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Gear, M.D.

or other

Address

Frederick, Md.

Date signed

1/9/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00501

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick
Jefferson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Frederick

County Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war.

3. (a) FULL NAME

CHARLES E. S. POFFINBERGER

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

W

6.(b) Name of husband or wife

Cora Virginia Himes

7. Birth date of deceased (mo. day, yr.)

August 9, 1869

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name Otho J. Poffinberger

13. Birthplace Frederick County Maryland

14. Maiden name Edna Ann House

15. Birthplace Frederick County Maryland

16. Informant Miss Edna Poffinberger

Address Jefferson, Maryland

17. Burial

Date thereof 1/14/48

(Burial, cremation, or removal, where?)

(month) (day) (year)

St. Pauls Lutheran Cemetery

Cemetery or crematory

Location

Jefferson, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

Elizabeth L. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1948, at 1:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 7 1947 to Jan 11 1948

and that I last saw him alive on Jan 11, 1948

Immediate cause of death

Hemorrhage of Nose
Gastric Distention & Urinary Tract

DURATION

10 days

Due to

Jan deice

425

Due to

Carapena Paroxys

4700

Other conditions

—

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

A. J. Price

M. D.

M. D. or other

Jefferson, Maryland

1-14-48

Address

Date signed

RECEIVED

JAN 16 1948

FBI - RALEIGH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00502

CERTIFICATE OF DEATH

139

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick

City or town..... State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since 1/19/48

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution?..... Since 1/19/48

3. (a) FULL NAME

James J. Reamy

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Separated

6.(b) Name of his wife

Eva R. Reamy

7. Birth date of deceased (mo., day, yr.)

January 9, 1895

6.(c) If alive, give age years

8. AGE:

Years
53Months
0Days
15

If less than one day

hrs.

min.

9. Birthplace

Warsaw, Virginia

(Town, county, and state)

10. Usual occupation

Kitchen Helper

11. Industry or business

William Reamy

MOTHER FATHER

Name

12. Name

William Reamy

Name

13. Birthplace

Warsaw, Virginia

Name

14. Maiden name

Annie Minor

Name

15. Birthplace

Warsaw, Virginia

Name

16. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 1/28/48

(month) (day) (year)

Cemetery

XXXXXX National

Location

Baltimore, Maryland

18. Funeral director

Wm. Cook

Address

Baltimore, Maryland

19. Jan. 24

(Date rec'd by registrar)

19. 48

19. 48

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1116 W. Pratt St.

(If rural, give LOCATION)

2.(a) If veteran, name war..... World War I

3. (b) Social Security Number

218-12-3116

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 24 1948, at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 1948, to Jan. 24 1948,

and that I last saw him alive on January 24 1948.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 Yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

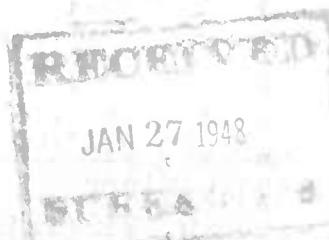
Injured at work?

23. SIGNATURE

R. L. Saenz

M. D. XXXX

State Sanatorium, Md. Date signed 1/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dlat. No. 131

00503

948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
 County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ellen Nora Riordan

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day. yr.) 1870 - 3 - 18 8. (c) If alive, give age years

8. AGE: Years 77 Months 9 Days 23 It less than one day hrs. min.

9. Birthplace Libertytown, Md. (Town, county, and state)

10. Usual occupation Seamstress, Nurse

11. Industry or business Cornelia's H. Riordan

12. Name Cornelia H. Riordan

13. Birthplace Ireland

14. Maiden name Bridget O'Connell

15. Birthplace Portland

16. Informant Charles P. Riordan

Address Libertytown, Md.

17. Burial Burial Date thereof Jan. 5, 1948 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or cemetery St. Peter's

Location Libertytown, Md.

18. Funeral director Pawell & Hartley

Address Woodsboro, Md.

19. Jan. 5, 1948
 Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For no born infants give residence of mother)
 State Maryland County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH Jan. 1, 1948 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Jan. 1, 1948 and that I last saw her alive on Jan. 1, 1948

Immediate cause of death Angina Pectoris DURATION 12 mos.
 Due to _____

Due to Arterio Sclerosis

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE S. A. Beall, M.D. M. D. or other _____

Address Libertytown Date signed 1/2/48

STANISLAW THOMAS STASIUSKI

STANISLAW STASIUSKI

RECEIVED

JAN 7 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. 'Indicates age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83d

00504

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
 County... Frederick
 City or town... Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Rural - Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

SARAH ALICE ROBERTS

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife... Woodward A. Roberts

7. Birth date of deceased (mo., day, yr.) January 2, 1856

8. AGE: Years 92 Months 20 Days 11 less than one day
 hrs. min.

9. Birthplace... Frederick County, Maryland
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

MOTHER FATHER
 12. Name... Sophrian Baker

13. Birthplace... Woodsboro, Maryland

14. Maiden name... Julia Baker

15. Birthplace... Woodsboro, Maryland

16. Informant... Mrs. Anna Shelton

Address... R.F.D., Frederick, Md.

17. Burial... Date thereof... January 24, 1948
 (Burial, cremation, or removal, which?) Mount Hope Cemetery

Cemetery or cemetery... Woodsboro, Maryland

Location... C. E. Cline & Son

18. Funeral director... Frederick, Maryland

Address... Elizabeth G. Heck

19. Date rec'd by registrar... 1948
 (Date rec'd by registrar)

Elizabeth G. Heck
 Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 22nd 1948, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

and that I last saw her alive on Jan 22, 1948
 Immediate cause of death... Cerebral Paralysis

Due to... Arterio Sclerosis

Due to... Senility

Other conditions... (Include pregnancy within 8 months of death)

Major findings of operations... Date of op.

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

23. SIGNATURE... M. D. or other

Address... Frederick, Md. Date signed 1/23/48

RECORDED

JAN 28 1948

SEARCHED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

85

00505

CERTIFICATE OF DEATH

Reg. Dlat. No.

181

1. PLACE OF DEATH:

County

Frederick

City or town

Rural Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Earnest J. Rapp

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

white

single

6.(b) Name of husband or wife

none

7. Birth date of deceased (mo., day, yr.)

Jan. 23, 1906

6.(c) If alive, give age

years

8. AGE:

Years Months Days If less than one day hrs. min.

42

4

9. Birthplace

Middletown Frederick Co. Md

(Town, county, and state)

10. Usual occupation

automobile mechanic

11. Industry or business

Middletown & Rapp

12. Name

William J. Rapp

13. Birthplace

Middletown Md

14. Maiden name

Catherine M. Summers

15. Birthplace

Frederick Md.

16. Informant

George Rapp

Address

Middletown Md

17. Burial

(Burial, cremation, or removal, which?)

Date thereof Jan. 29, 1948
(month) (day) (year)

Cemetery or crematory

Luthersan Cemetery

Location

Middletown Md

18. Funeral director

Gladhill Co.

Address

Middletown Md

19. Date rec'd by registrar

Jan. 29, 1948

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Frederick

City or town

Rural Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

World War II

3. (b) Social Security Number

214-10-4540

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 27 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19. to 19.

and that I last saw h. (1) live on Jan. 27 1948

Immediate cause of death

Epilepsy (acute)

Due to Epilepsy (chronic)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Powered at work?

23. SIGNATURE

P.W. Barr M.D. Esq.

M. D. or other

Address

Frederick, Md. Date signed 1.27.48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d
00506

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)
 Street No.
(If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
IDA MAY SAUERS

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>W</u>	
6.(b) Name of husband or wife <u>John E. Sauers</u>			
7. Birth date of deceased (mo., day, yr.) <u>May 23, 1872</u>			
6.(c) If alive, give age years			
8. AGE: Years <u>75</u>	Months <u>8</u>	Days <u>3</u>	If less than one day hrs. min.
9. Birthplace <u>Baltimore, Maryland</u> (Town, county, and state)			
10. Usual occupation <u>At Home</u>			
11. Industry or business			
MOTHER FATHER	12. Name <u>Nicholas Fontz</u>		
	13. Birthplace <u>Baltimore, Maryland</u>		
MOTHER	14. Maiden name <u>Mary Catherine Martindale</u>		
	15. Birthplace <u>Baltimore, Maryland</u>		
16. Informant <u>Mrs. Robert R. White</u>			
Address <u>Buckeystown, Maryland</u>			
17. Burial (Burial, cremation, or removal, where?) <u>Baltimore National Cemetery</u>			
Cemetery or crematory <u>Baltimore, Maryland</u>			
Location <u>M. R. Etchison and Son</u>			
18. Funeral director <u>Frederick, Maryland</u>			
Address <u>Frederick, Maryland</u>			

19. 2k Jan 1948
(Date rec'd by registrar)

Elizabeth G. Tech.
Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1948, at 5:05A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Jan 26 1948 and that I last saw her alive on Jan 23 1948.

Immediate cause of death Hepatorenal Cardio - Vascular Disease

DURATION 5 years

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D.

M. D. or other MD

Address Frederick, Maryland

Date signed 1-26-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00507

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
 County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:..... Frederick Memorial Hospital
 How long in hospital or institution?..... 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 18 East Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME
Mrs. Roy Schroyer

3. (b) Social Security Number

233-05-4893

4. Sex	5. Color or race	6. (a) Since, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife..... Nellie F. Metz

6. (c) If alive, give age..... 52 years

7. Birth date of deceased (mo., day, yr.)..... April 22/1886

8. AGE: Years..... 61 Months..... 9 Days..... 15 If less than one day hrs..... min.

9. Birthplace..... Frederick County Maryland
 (Town, county, and state)

10. Usual occupation..... Corporation- Truck Driver

11. Industry or business

FATHER	12. Name	George Buchanan Schroyer
	13. Birthplace	Frederick County Md.

MOTHER	14. Maiden name	Laura R. Dusing
	15. Birthplace	Frederick County Md.

18. Informant..... Mrs. Roy Schroyer
 Address..... 18 East St. Frederick, Md.

17. Burial..... Jan. 9-1948
 (Burial, cremation, etc.) Cemetery or columbarium..... Mount Olivet Cemetery
 Location..... Frederick, Md.

18. Funeral director..... C.E.Cline and Son
 Address..... Frederick, Md.

19. Date record by registrar..... 8 Jan 1948
 (Date record by registrar) Registrars signature..... Elizabeth G. Hecke
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1/6 1948 at 10⁰⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1 1947 to Jan. 6 1948

and that I last saw her ~~alive~~ on Jan. 6 1948

Immediate cause of death..... Coronary Thrombosis

Due to..... Arteriosclerosis

Other conditions..... Hypertension Heart Disease

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... G. A. Garre M.D.

M.D. or other

Address..... Frederick, Md. Date signed..... 1/6/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00508

CERTIFICATE OF DEATH

Reg. Dist. No. 144

M

MARGIN RESERVED FOR BINDING

I

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Frederick
City or town Graceharrow
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Darlene Elizabeth Shaffer

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo. day yr.)

October 20, 1943

8. AGE:

Years	Months	Days	If less than one day
4	3	7	hrs. min.

9. Birthplace

Thurmont, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Paul Shaffer13. Birthplace Thurmont, Md.14. Maiden name Hazel Duncan15. Birthplace Towson, Md.

16. Informant

Paul Shaffer

Address Graceharrow, Md.17. Burial Date thereof Oct. 29, 1948
(Burial, cremation, or removal, Which?) Date (month) (day) (year)Cemetery or crematory Blue RidgeLocation Thurmont, Md.18. Funeral director M. L. Greager & SonAddress Thurmont, Md.

19. Jan. 28 1948 Date rec'd by registrar

Blanche S. Eyer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Graceharrow
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Jan. 27, 1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan. 27, 1948 to Jan. 27, 1948, and that I last saw her alive on Jan. 15, 1948.

Immediate cause of death

Convulsions due to internal hydrocephalus

DURATION

Sudden

Due to

Due to

Other conditions Congenital underdevelopment of brain and nervous system 4 yrs
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

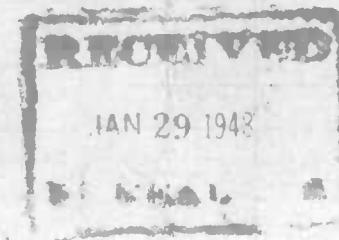
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

James T. Gray, M.D.
M. D. or otherAddress Thurmont, Md. Date signed 1/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00569

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... Frederick

City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Since 8/29/46

Hospital, institution, or street address where death occurred:..... Maryland Tuberculosis Sanatorium

How long in hospital or institution?..... Since 8/29/46

3. (a) FULL NAME

Hallie A. Shenton

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced
Male White Married

6. (b) Name of husband wife..... Grace C. Shenton

7. Birth date of deceased (mo., day, yr.)..... July 28, 1904

8. AGE: Years..... Months..... Days..... If less than one day
43 5 10 hrs. min.9. Birthplace..... Dorchester County, Md.
(Town, county, and state)

10. Usual occupation..... Truck Driver

11. Industry or business

12. Name..... William R. Shenton

13. Birthplace..... Dorchester County, Md.

14. Maiden name..... Effie Dunnock

15. Birthplace..... Dorchester County, Md.

16. Informant..... Deceased

Address.....

17. Burial..... Date thereof..... Jan. 10, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Star of See

Location..... Salomond, Md.

18. Funeral director..... John F. Denney

Address..... M. L. Creager & Son

Address..... Light & Lombard, Thurmont, Maryland Belts Md.

19. Jan. 8 1948

(Date rec'd by registrar) 88 bpr

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Howard

City or town..... Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war..... ✓

3. (b) Social Security Number

217-01-9298

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 7 1948, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 29 1946, to Jan. 7 1948,
and that I last saw him alive on January 7 1948.Immediate cause of death..... Pulmonary Tuberculosis
DURATION 24 Mos.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE..... R. G. Baer

M. D. DOBREK

Address..... State Sanatorium, Md. Date signed 1/8/48

RECEIVED

JAN 9 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47d

00510

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

33 East Fourth Street

How long in hospital or institution?

3. (a) FULL NAME

CHARLES FREDERICK SHIPLEY

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Catherine E. Lebhertz

7. Birth date of deceased (mo., day, yr.)

June 20, 1870

6. (c) If alive, give age years

74

8. AGE: Years

77

Months

6

Days

25

If less than one day

hrs.

min.

9. Birthplace (Town, county, and state)

Frederick-Frederick-Maryland

10. Usual occupation

Member of Bottling Firm

11. Industry or business

Shipley Bottling Works

MOTHER FATHER

12. Name

William H. Shipley

13. Birthplace

Frederick, Maryland

MOTHER

14. Maiden name

Mary Kettler

15. Birthplace

Frederick, Maryland

16. Informant

Mrs. Catherine Shipley

Address

33 E. 4th St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, where?)

Date thereof 1/18/48

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. (Date rec'd by registrar)

1948

Elizabeth J. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

33 East Fourth Street

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

January 15, 1948, at 11:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947, to January 15, 1948, and that I last saw him alive on January 15, 1948.

Immediate cause of death

Carcinoma Lung.

DURATION

6 months

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

Means of injury

23. SIGNATURE

W. M. Smith M. D.

M. D. or other

Frederick, Maryland

1-16-48 Date signed

Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00511

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town State Sana.torium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 12/24/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sana.torium

How long in hospital or institution? Since 12/24/47

3.(a) FULL NAME

Melvin S. Showe

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widower

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

December 8, 1890

8. AGE:

Years
57Months
0Days
28

If less than one day

hrs.

min.

8. Birthplace

Fairplay, Maryland

(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER Hiram Showe

13. Birthplace Frederick, Maryland

14. Maiden name Mandy Wilkinson

15. Birthplace Frederick County, Maryland

16. Informant Deceased

Address

17. Burial Date thereof 1/8/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery XXXXX Rose Hill

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Jan. 5 18 48
(Date rec'd by registrar)

J. D. Mayer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 60 Madison Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

217-10-2604

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5

19 48 at 1:35 A.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from December 24 1947 to January 5 1948

and that I last saw him alive on January 5 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

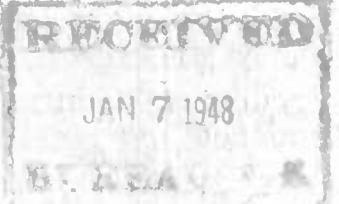
Injured at work?

Means of injury

23. SIGNATURE R. L. Baker

M. D. XXXXX

Address State Sanatorium, Md. Date signed 1/5/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00512

CERTIFICATE OF DEATH

Reg. Dist. No. 131

942

1. PLACE OF DEATH:
County... Frederick

City or town... Frederick - Quenel
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 40 years

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?..... 9 months

3. (a) FULL NAME

LLOYD SINNOTT, Gloyd

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) October 7, 1884

8. AGE: Years	Months	Days	If less than one day
63	2	28	hrs. min.

9. Birthplace..... Westminster, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Retired Machinist-

11. Industry or business B. & O. Railroad

MOTHER FATHER
12. Name..... Thomas F. Sinnott
13. Birthplace..... Ireland

14. Maiden name..... Martha Anderson

15. Birthplace..... Ellicot City, Md.

16. Informant..... Mrs. Ella R. Shettle

Address..... 910 McKewin Ave., Baltimore, Md.

17. Burial Date thereof..... January 7, 1948
(Burial, cremation, or removal, where?)

Cemetery or crematory..... Mountain View Cemetery
Location..... Blue Ridge Union Bridge, Maryland

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. Date reg'd by registrar..... 6 Jan 1948

(Date reg'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Rural - Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 4th 1948 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death..... Coronary Thrombosis

DURATION..... 10 min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Bernard J. Morris, M.D.

M. D. or other.....

Address..... Fed 'R 2nd Date signed..... Jan. 6, 1948

RECEIVED

JAN 7 1948

I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00513

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

Don't Know

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?... 6 Days

3. (a) FULL NAME

JOHN STAUNTON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored

Don't Know

6. (b) Name of husband or wife

Unknown

7. Birth date of deceased (mo., day, yr.)

? 1880

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

? 68

?

?

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Unknown

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Records at Montevue

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal, White)

Date thereof January 28, 1948

(month) (day) (year)

Cemetery or crematory

Montevue Cemetery

Location

Frederick, Maryland - R. J. D.

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. 28-Jan-48

(Date rec'd by registrar)

1948

Elizabeth L. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Frederick

City or town... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 317 East Church Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 27th

1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 20

at 8

to Jan. 21

at 48

and that I last saw him alive on Jan. 26

1948

Immediate cause of death

Cerebral hemorrhage

DURATION

1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

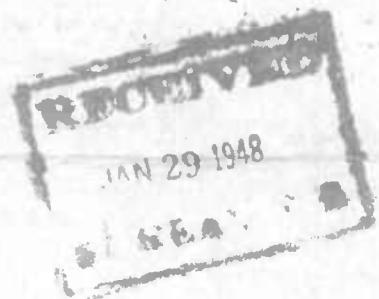
23. SIGNATURE

B. Q. Kumas Jr. M.D.

M. D. or other

Address

Date signed Jan. 28, 1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46e

00514

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick
City or town... Braddock Heights

(If outside city or town limits, write RURAL and give nearest town)

5 Years

How long in above place of death?.....

Hospital, institution, or street address where death occurred:
Frederick R # 5

How long in hospital or institution?.....

3. (a) FULL NAME

MRS. SADIE C. LEMEN STEPHEN

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife Rev. Jesse E. Stephen

7. Birth date of deceased (mo., day, yr.) October 25 1892

8. AGE: Years Months Days If less than one day

55 2 27 hrs. min.

9. Birthplace Elkton Rockingham Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name William H. Lemen

13. Birthplace Elkton Va.

14. Maiden name Virginia Henshaw

15. Birthplace Elkton Va.

16. Informant Rev Jesse E. Stephen

Address Frederick Md. R # 5

17. Burial Date thereof 1/25/48
(Burial, cremation, or removal, which)

(month) (day) (year)

Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. 22 Jan 1948
(Date rec'd by registrar)

Elizabeth G. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick

City or town... Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

A

20. DATE OF DEATH January 22 1948

19 5.15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 1 1947 to Jan. 22 1948
and that I last saw her alive on Jan. 21 1948

Immediate cause of death

Carcinomatosis
(Liver; Abdomen)Due to Primary Carcinoma
Signed

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

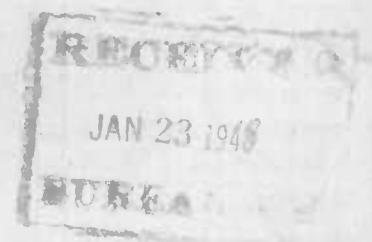
Means of injury

Injured at work?

23. SIGNATURE

Bernard Kuvag, M.D.
Frederick, Md. M.D. or other

Date signed 1/22/48



*Evidence for change
of first name is shown on*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00515

FILM NO. G 114 MAR 2 1948 CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Since May 1946

How long in above place of death?

Hospital, institution, or street address where death occurred:

277 West Fifth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

277 West Fifth Street

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

Herman ~~Herman~~ WINFRED STOUGH

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Hannah E. Brown

7. Birth date of deceased (mo. day, yr.)

October 15, 1872

6.(c) If alive, give age years

71

8. AGE: Years

75

Months

3

Days

16

It less than one day

hrs.

min.

9. Birthplace (Town, county, and state)

Stahlstown, Pennsylvania

10. Usual occupation

Retired Post Office Clerk

11. Industry or business

12. Name George W. Stough

13. Birthplace West Moreland County Pa.

14. Maiden name Elizabeth Uphouse

15. Birthplace Sommersett County Pa.

16. Informant Mrs. H. W. Stough

Address 277 W. 5th St., Frederick, Md.

17. Removal

(Burial, cremation, or removal. Which?)

Date thereof 2/2/48

(month) (day) (year)

Cemetery or crematory

Location Greensburg, Pennsylvania

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 1- Feb 1948
(Date rec'd by registrar)Elizabeth J. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

277 West Fifth Street

Street No.

(If rural, give LOCATION)

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to Jan. 31, 1948

and that I last saw him alive on Jan. 31, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Howard W. Ash M. D.

M. D. or other

Address Frederick, Maryland Date signed 1-31-48

RECORDED

FEB 4 1948

DEPT OF STATE

00516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

164c
Reg. Dist. No. 1311. PLACE OF DEATH: Frederick

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fred's Memorial HospitalHow long in hospital or institution? 7 da

3. (a) FULL NAME

Dr. Frank Swearinger

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Hazel Morgan Swearinger6. (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.)

Aug 18. 19008. AGE: Years 47 Months 5 Days If less than one day hrs. min.9. Birthplace West Virginia
(Town, county, and state)10. Usual occupation Dentist

11. Industry or business

12. Name John B. Swearinger13. Birthplace W. Va14. Maiden name Anna M. Barnes15. Birthplace W. Va16. Informant Kenneth SwearingerAddress Fairmont W. Va17. Burial Burial Date thereof Jan 21-48
(Burial, cremation, or removal? (month) (day) (year))Cemetery or cemetery Mt. Zion CemeteryLocation Fairmont W. Va18. Funeral director Frank G. Tracy Name JanAddress Fairmont W. Va19. Date rec'd by registrar Jan. 19. 1948

Elizabeth S. Hecke

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County

City or town ThurmontFrederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1948 at 11 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 11 1948 to Jan. 18 1948and that I last saw him alive on Jan. 18 1948

Immediate cause of death

Bullet wound of Chest

Due to

Due to

Other conditions

Gut Perforation

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Jan. 11 '48Where did injury occur? Thurmont, Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) noneMeans of injury Shot gun Injured at work? —23. SIGNATURE A. A. Tracy, M.D. M. D. or otherAddress Fairmont, Md. Date signed 1/18/48



100-100000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect, age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164c

00511/32

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Louis R. Taylor

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 28, 19198. AGE: Years 28 Months 6 Days 8 If less than one day hrs. min.9. Birthplace Middleton, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Farm Hand

11. Industry or business

12. Name Ray Taylor13. Birthplace Middleton, Md.14. Maiden name Mary Easterday15. Birthplace Middleton, Md.16. Informant Bernard TaylorAddress Middleton, Md.17. Burial Date thereof 8-8-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Jefferson, Md.18. Funeral director Gladhill Co.Address Middleton, Md.19. Jane 7 1948
(Date rec'd by registrar)Marie Gladhill
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MDCounty FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH Jane 6 1948 1645A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead on Jane 6 1948

Immediate cause of death

Gun shot wound of chest

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 1-6-48Where did injury occur near Middletown, Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Barn on farmMeans of injury 12 ga. Gunshot wound Injured at work? No23. SIGNATURE P. W. Barr Deputy Sheriff M. D. or otherAddress Frederick, Md. Date signed 1-6-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00518
942

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

25 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

611 Chapel Alley

How long in hospital or institution?

3. (a) FULL NAME

ALBERT FENTON UNGLEBOWER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Maggie Rose Rickerd

67

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

February 7, 1878

8. AGE: Years

Months

Days

If less than one day

69

11

1

hrs.

min.

9. Birthplace

Nr. Feagaville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

MOTHER FATHER

Joseph Unglebower

Frederick County Maryland

Josephine Stockman

Frederick County Maryland

16. Informant

Mrs. Maggie R. Unglebower

Address 611 Chapel Alley, Frederick, Md.

17. Burial

(Burial, cremation, or removal, where)

Date thereof 1-10-48

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or cemetery

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. Date reg'd by registrar

1948

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 611 Chapel Alley

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8th 1948 11:45A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on January 8th 1948

Immediate cause of death

Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Bauer Deputy Medical Examiner

M. D. or other

Frederick, Maryland Date signed 1/8/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00519

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 11/4/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 11/4/47

3. (a) FULL NAME

Evelyn G. Vermillion

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White

Married

B.(b) Name of husband

XXX Pellman Vermillion

6.(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.)

August 6, 1906

8. AGE:

Years

Months

Days

It less than one day

41

4

29

hrs.

min.

9. Birthplace Odenton, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER 12. Name Milton Lowman

13. Birthplace Gambrills, Maryland

14. Maiden name Bertha Jackson

15. Birthplace Elkridge, Maryland

Pellman Vermillion, Husband

16. Informant Bertha Knight Mother

Address Husband - Pasadena, Maryland

Mother - Severn, Maryland

Burial, cremation, or removal, Which?

Date thereof Jan. 7, 1948

(month) (day) (year)

Cemetery or crematory Glen Haven Cem.

Location Baltimore Co. Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. January 5 1948

(Date rec'd by registrar)

D. A. J. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Pasadena (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4

19. 48 at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4 19. 47 to January 4 19. 48

and that I last saw her alive on January 4 19. 48

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 Mos.

XXX

Due to

Other conditions Diabetes Mellitus

5 Mos.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

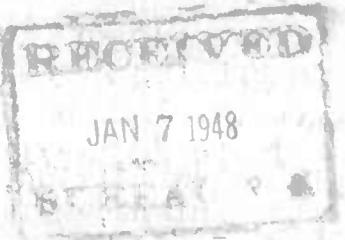
Injured at work?

23. SIGNATURE

R. L. Bellin

M. D. #3663

State Sanatorium, Md. Date signed 1/5/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00520

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

411 South Market Street

How long in hospital or institution?

3. (a) FULL NAME

HOWARD NEWTON WACHTER

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

M

B. (b) Name of husband or wife

Manzella Bell

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age 73 years
October 5, 1867

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Charlesville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

Wesley A. Wachter

MOTHER

Frederick County Maryland

FATHER

Susanne Smith

MOTHER

Frederick County Maryland

FATHER

14. Maiden name

Mrs. Manzella B. Wachter

MOTHER

16. Informant Address 411 S. Market St., Frederick, Md

FATHER

Burial

(Burial, exhumation, re-interment, removal, etc.)

Date thereof 1/9/48

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1948

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 411 South Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 6, 1948, at 10:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 2, 1948, to January 6, 1948,

and that I last saw him alive on January 6, 1948.

Immediate cause of death

Hepatitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

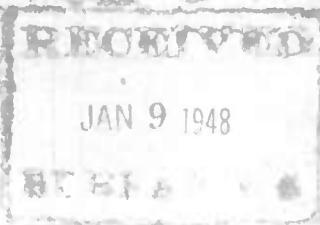
23. SIGNATURE

H. H. Wachter

M. D.

M. D. or other

Frederick, Maryland Date signed 1-7-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. *14 correct age*
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00521

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?

3. (a) FULL NAME

LLOYD WILLIAM WACHTER

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

8. (b) Name of husband or wife

Virgie E. Staley

7. Birth date of deceased (mo., day, yr.)

August 31, 1871

6. (c) If alive, give age 70 years

8. AGE: Years

76

Months

4

Days

18

If less than one day

hrs.

min.

9. Birthplace

Charlesville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER Ezra Wachter

12. Name

Frederick County Maryland

13. Birthplace

Julia Ann Stull

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Virgie Wachter

16. Informant

319 E. 3rd St., Frederick, Md.

Address

Burial

Date thereof 1/21/48

(Burial, cremation, or removal - Where)

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. 21 Jan 1948

(Date rec'd by registrar)

Elizabeth S. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 319 East Third Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1948, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 10, 1946, to January 19, 1948,

and that I last saw him alive on January 18, 1948.

Immediate cause of death

Chronic Myocarditis 2 yrs.

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Thomas

M. D.

M. or other

Frederick, Maryland Date signed 1-20-48

RECORDED

JAN 23 1948

PTR 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00522

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Middleton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs Lydia Elizabeth Weagly

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

6. (b) Name of husband or wife

Clinton A. Weagly

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Nov. 19, 1880

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Middleton, Frederick, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

D. Edward Kefauver

MOTHER FATHER

12. Name

Middleton, Md.

13. Birthplace

Amberly Snyder

14. Maiden name

Keedysville, Md.

15. Birthplace

Louise Weagly

16. Informant

Middleton, Md.

Address

Burial

(Burial, cremation, or removal. Which?)

Retirement Cemetery

Cemetery or crematory

Middleton, Md.

Location

Bladensburg Co.

18. Funeral director

Middletown, Md.

Address

Feb. 2, 1948

(Date rec'd by registrar)

Marie Gladysil

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FrederickCity or town Middleton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 31, 1948 at 2:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

Aug. 1, 1947, to Jan. 31, 1948

and that I last saw him alive on Jan. 31, 1948

Immediate cause of death

Carcinoma of Cervix

with

Metastasis to Liver

DURATION

6 mos.

Due to

Other conditions

Jaundice

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Ogar, M.D.

M. D. or other

Address Frederick, Md.Date signed Jan. 31, 1948



159, 161, 163, 165
167, 169, 171, 173
175, 177, 179, 181
183, 185, 187, 189
191, 193, 195, 197
199, 201, 203, 205
207, 209, 211, 213
215, 217, 219, 221
223, 225, 227, 229
231, 233, 235, 237
239, 241, 243, 245
247, 249, 251, 253
255, 257, 259, 261
263, 265, 267, 269
271, 273, 275, 277
279, 281, 283, 285
287, 289, 291, 293
295, 297, 299, 301
303, 305, 307, 309
301, 303, 305, 307
309, 311, 313, 315
317, 319, 321, 323
325, 327, 329, 331
333, 335, 337, 339
341, 343, 345, 347
349, 351, 353, 355
357, 359, 361, 363
365, 367, 369, 371
373, 375, 377, 379
381, 383, 385, 387
389, 391, 393, 395
397, 399, 401, 403
405, 407, 409, 411
413, 415, 417, 419
421, 423, 425, 427
429, 431, 433, 435
437, 439, 441, 443
445, 447, 449, 451
453, 455, 457, 459
461, 463, 465, 467
469, 471, 473, 475
477, 479, 481, 483
485, 487, 489, 491
493, 495, 497, 499
491, 493, 495, 497
499, 501, 503, 505
507, 509, 511, 513
515, 517, 519, 521
523, 525, 527, 529
531, 533, 535, 537
539, 541, 543, 545
547, 549, 551, 553
555, 557, 559, 561
563, 565, 567, 569
571, 573, 575, 577
579, 581, 583, 585
587, 589, 591, 593
595, 597, 599, 601
603, 605, 607, 609
609, 611, 613, 615
617, 619, 621, 623
625, 627, 629, 631
633, 635, 637, 639
641, 643, 645, 647
649, 651, 653, 655
657, 659, 661, 663
665, 667, 669, 671
673, 675, 677, 679
681, 683, 685, 687
689, 691, 693, 695
697, 699, 701, 703
705, 707, 709, 711
713, 715, 717, 719
721, 723, 725, 727
729, 731, 733, 735
737, 739, 741, 743
745, 747, 749, 751
753, 755, 757, 759
761, 763, 765, 767
769, 771, 773, 775
777, 779, 781, 783
785, 787, 789, 791
793, 795, 797, 799
799, 801, 803, 805
807, 809, 811, 813
815, 817, 819, 821
823, 825, 827, 829
831, 833, 835, 837
839, 841, 843, 845
847, 849, 851, 853
855, 857, 859, 861
863, 865, 867, 869
871, 873, 875, 877
879, 881, 883, 885
887, 889, 891, 893
895, 897, 899, 901
903, 905, 907, 909
911, 913, 915, 917
919, 921, 923, 925
927, 929, 931, 933
935, 937, 939, 941
943, 945, 947, 949
951, 953, 955, 957
959, 961, 963, 965
967, 969, 971, 973
975, 977, 979, 981
983, 985, 987, 989
991, 993, 995, 997
999, 1001, 1003, 1005
1007, 1009, 1011, 1013
1015, 1017, 1019, 1021
1023, 1025, 1027, 1029
1031, 1033, 1035, 1037
1039, 1041, 1043, 1045
1047, 1049, 1051, 1053
1055, 1057, 1059, 1061
1063, 1065, 1067, 1069
1071, 1073, 1075, 1077
1079, 1081, 1083, 1085
1087, 1089, 1091, 1093
1095, 1097, 1099, 1101
1103, 1105, 1107, 1109
1109, 1111, 1113, 1115
1117, 1119, 1121, 1123
1125, 1127, 1129, 1131
1133, 1135, 1137, 1139
1141, 1143, 1145, 1147
1149, 1151, 1153, 1155
1157, 1159, 1161, 1163
1165, 1167, 1169, 1171
1173, 1175, 1177, 1179
1181, 1183, 1185, 1187
1189, 1191, 1193, 1195
1197, 1199, 1201, 1203
1205, 1207, 1209, 1211
1213, 1215, 1217, 1219
1219, 1221, 1223, 1225
1227, 1229, 1231, 1233
1235, 1237, 1239, 1241
1243, 1245, 1247, 1249
1251, 1253, 1255, 1257
1259, 1261, 1263, 1265
1267, 1269, 1271, 1273
1275, 1277, 1279, 1281
1283, 1285, 1287, 1289
1291, 1293, 1295, 1297
1299, 1301, 1303, 1305
1307, 1309, 1311, 1313
1315, 1317, 1319, 1321
1323, 1325, 1327, 1329
1329, 1331, 1333, 1335
1337, 1339, 1341, 1343
1345, 1347, 1349, 1351
1353, 1355, 1357, 1359
1359, 1361, 1363, 1365
1367, 1369, 1371, 1373
1375, 1377, 1379, 1381
1383, 1385, 1387, 1389
1389, 1391, 1393, 1395
1397, 1399, 1401, 1403
1405, 1407, 1409, 1411
1413, 1415, 1417, 1419
1419, 1421, 1423, 1425
1427, 1429, 1431, 1433
1435, 1437, 1439, 1441
1443, 1445, 1447, 1449
1449, 1451, 1453, 1455
1457, 1459, 1461, 1463
1465, 1467, 1469, 1471
1473, 1475, 1477, 1479
1479, 1481, 1483, 1485
1487, 1489, 1491, 1493
1493, 1495, 1497, 1499
1499, 1501, 1503, 1505
1507, 1509, 1511, 1513
1513, 1515, 1517, 1519
1519, 1521, 1523, 1525
1525, 1527, 1529, 1531
1531, 1533, 1535, 1537
1537, 1539, 1541, 1543
1543, 1545, 1547, 1549
1549, 1551, 1553, 1555
1555, 1557, 1559, 1561
1561, 1563, 1565, 1567
1567, 1569, 1571, 1573
1573, 1575, 1577, 1579
1579, 1581, 1583, 1585
1585, 1587, 1589, 1591
1591, 1593, 1595, 1597
1597, 1599, 1601, 1603
1603, 1605, 1607, 1609
1609, 1611, 1613, 1615
1615, 1617, 1619, 1621
1621, 1623, 1625, 1627
1627, 1629, 1631, 1633
1633, 1635, 1637, 1639
1639, 1641, 1643, 1645
1645, 1647, 1649, 1651
1651, 1653, 1655, 1657
1657, 1659, 1661, 1663
1663, 1665, 1667, 1669
1669, 1671, 1673, 1675
1675, 1677, 1679, 1681
1681, 1683, 1685, 1687
1687, 1689, 1691, 1693
1693, 1695, 1697, 1699
1699, 1701, 1703, 1705
1705, 1707, 1709, 1711
1711, 1713, 1715, 1717
1717, 1719, 1721, 1723
1723, 1725, 1727, 1729
1729, 1731, 1733, 1735
1735, 1737, 1739, 1741
1741, 1743, 1745, 1747
1747, 1749, 1751, 1753
1753, 1755, 1757, 1759
1759, 1761, 1763, 1765
1765, 1767, 1769, 1771
1771, 1773, 1775, 1777
1777, 1779, 1781, 1783
1783, 1785, 1787, 1789
1789, 1791, 1793, 1795
1795, 1797, 1799, 1801
1801, 1803, 1805, 1807
1807, 1809, 1811, 1813
1813, 1815, 1817, 1819
1819, 1821, 1823, 1825
1825, 1827, 1829, 1831
1831, 1833, 1835, 1837
1837, 1839, 1841, 1843
1843, 1845, 1847, 1849
1849, 1851, 1853, 1855
1855, 1857, 1859, 1861
1861, 1863, 1865, 1867
1867, 1869, 1871, 1873
1873, 1875, 1877, 1879
1879, 1881, 1883, 1885
1885, 1887, 1889, 1891
1891, 1893, 1895, 1897
1897, 1899, 1901, 1903
1903, 1905, 1907, 1909
1909, 1911, 1913, 1915
1915, 1917, 1919, 1921
1921, 1923, 1925, 1927
1927, 1929, 1931, 1933
1933, 1935, 1937, 1939
1939, 1941, 1943, 1945
1945, 1947, 1949, 1951
1951, 1953, 1955, 1957
1957, 1959, 1961, 1963
1963, 1965, 1967, 1969
1969, 1971, 1973, 1975
1975, 1977, 1979, 1981
1981, 1983, 1985, 1987
1987, 1989, 1991, 1993
1993, 1995, 1997, 1999
1999, 2001, 2003, 2005
2005, 2007, 2009, 2011
2011, 2013, 2015, 2017
2017, 2019, 2021, 2023
2023, 2025, 2027, 2029
2029, 2031, 2033, 2035
2035, 2037, 2039, 2041
2041, 2043, 2045, 2047
2047, 2049, 2051, 2053
2053, 2055, 2057, 2059
2059, 2061, 2063, 2065
2065, 2067, 2069, 2071
2071, 2073, 2075, 2077
2077, 2079, 2081, 2083
2083, 2085, 2087, 2089
2089, 2091, 2093, 2095
2095, 2097, 2099, 2101
2101, 2103, 2105, 2107
2107, 2109, 2111, 2113
2113, 2115, 2117, 2119
2119, 2121, 2123, 2125
2125, 2127, 2129, 2131
2131, 2133, 2135, 2137
2137, 2139, 2141, 2143
2143, 2145, 2147, 2149
2149, 2151, 2153, 2155
2155, 2157, 2159, 2161
2161, 2163, 2165, 2167
2167, 2169, 2171, 2173
2173, 2175, 2177, 2179
2179, 2181, 2183, 2185
2185, 2187, 2189, 2191
2191, 2193, 2195, 2197
2197, 2199, 2201, 2203
2203, 2205, 2207, 2209
2209, 2211, 2213, 2215
2215, 2217, 2219, 2221
2221, 2223, 2225, 2227
2227, 2229, 2231, 2233
2233, 2235, 2237, 2239
2239, 2241, 2243, 2245
2245, 2247, 2249, 2251
2251, 2253, 2255, 2257
2257, 2259, 2261, 2263
2263, 2265, 2267, 2269
2269, 2271, 2273, 2275
2275, 2277, 2279, 2281
2281, 2283, 2285, 2287
2287, 2289, 2291, 2293
2293, 2295, 2297, 2299
2299, 2301, 2303, 2305
2305, 2307, 2309, 2311
2311, 2313, 2315, 2317
2317, 2319, 2321, 2323
2323, 2325, 2327, 2329
2329, 2331, 2333, 2335
2335, 2337, 2339, 2341
2341, 2343, 2345, 2347
2347, 2349, 2351, 2353
2353, 2355, 2357, 2359
2359, 2361, 2363, 2365
2365, 2367, 2369, 2371
2371, 2373, 2375, 2377
2377, 2379, 2381, 2383
2383, 2385, 2387, 2389
2389, 2391, 2393, 2395
2395, 2397, 2399, 2401
2401, 2403, 2405, 2407
2407, 2409, 2411, 2413
2413, 2415, 2417, 2419
2419, 2421, 2423, 2425
2425, 2427, 2429, 2431
2431, 2433, 2435, 2437
2437, 2439, 2441, 2443
2443, 2445, 2447, 2449
2449, 2451, 2453, 2455
2455, 2457, 2459, 2461
2461, 2463, 2465, 2467
2467, 2469, 2471, 2473
2473, 2475, 2477, 2479
2479, 2481, 2483, 2485
2485, 2487, 2489, 2491
2491, 2493, 2495, 2497
2497, 2499, 2501, 2503
2503, 2505, 2507, 2509
2509, 2511, 2513, 2515
2515, 2517, 2519, 2521
2521, 2523, 2525, 2527
2527, 2529, 2531, 2533
2533, 2535, 2537, 2539
2539, 2541, 2543, 2545
2545, 2547, 2549, 2551
2551, 2553, 2555, 2557
2557, 2559, 2561, 2563
2563, 2565, 2567, 2569
2569, 2571, 2573, 2575
2575, 2577, 2579, 2581
2581, 2583, 2585, 2587
2587, 2589, 2591, 2593
2593, 2595, 2597, 2599
2599, 2601, 2603, 2605
2605, 2607, 2609, 2611
2611, 2613, 2615, 2617
2617, 2619, 2621, 2623
2623, 2625, 2627, 2629
2629, 2631, 2633, 2635
2635, 2637, 2639, 2641
2641, 2643, 2645, 2647
2647, 2649, 2651, 2653
2653, 2655, 2657, 2659
2659, 2661, 2663, 2665
2665, 2667, 2669, 2671
2671, 2673, 2675, 2677
2677, 2679, 2681, 2683
2683, 2685, 2687, 2689
2689, 2691, 2693, 2695
2695, 2697, 2699, 2701
2701, 2703, 2705, 2707
2707, 2709, 2711, 2713
2713, 2715, 2717, 2719
2719, 2721, 2723, 2725
2725, 2727, 2729, 2731
2731, 2733, 2735, 2737
2737, 2739, 2741, 2743
2743, 2745, 2747, 2749
2749, 2751, 2753, 2755
2755, 2757, 2759, 2761
2761, 2763, 2765, 2767
2767, 2769, 2771, 2773
2773, 2775, 2777, 2779
2779, 2781, 2783, 2785
2785, 2787, 2789, 2791
2791, 2793, 2795, 2797
2797, 2799, 2801, 2803
2803, 2805, 2807, 2809
2809, 2811, 2813, 2815
2815, 2817, 2819, 2821
2821, 2823, 2825, 2827
2827, 2829, 2831, 2833
2833, 2835, 2837, 2839
2839, 2841, 2843, 2845
2845, 2847, 2849, 2851
2851, 2853, 2855, 2857
2857, 2859, 2861, 2863
2863, 2865, 2867, 2869
2869, 2871, 2873, 2875
2875, 2877, 2879, 2881
2881, 2883, 2885, 2887
2887, 2889, 2891, 2893
2893, 2895, 2897, 2899
2899, 2901, 2903, 2905
2905, 2907, 2909, 2911
2911, 2913, 2915, 2917
2917, 2919, 2921, 2923
2923, 2925, 2927, 2929
2929, 2931, 2933, 2935
2935, 2937, 2939, 2941
2941, 2943, 2945, 2947
2947, 2949, 2951, 2953
2953, 2955, 2957, 2959
2959, 2961, 2963, 2965
2965, 2967, 2969, 2971
2971, 2973, 2975, 2977
2977, 2979, 2981, 2983
2983, 2985, 2987, 2989
2989, 2991, 2993, 2995
2995, 2997, 2999, 3001
3001, 3003, 3005, 3007
3007, 3009, 3011, 3013
3013, 3015, 3017, 3019
3019, 3021, 3023, 3025
3025, 3027, 3029, 3031
3031, 3033, 3035, 3037
3037, 3039, 3041, 3043
3043, 3045, 3047, 3049
3049, 3051, 3053, 3055
3055, 3057, 3059, 3061
3061, 3063, 3065, 3067
3067, 3069, 3071, 3073
3073, 3075, 3077, 3079
3079, 3081, 3083, 3085
3085, 3087, 3089, 3091
3091, 3093, 3095, 3097
3097, 3099, 3101, 3103
3103, 3105, 3107, 3109
3109, 3111, 3113, 3115
3115, 3117, 3119, 3121
3121, 3123, 3125, 3127
3127, 3129, 3131, 3133
3133, 3135, 3137, 3139
3139, 3141, 3143, 3145
3145, 3147, 3149, 3151
3151, 3153, 3155, 3157
3157, 3159, 3161, 3163
3163, 3165, 3167, 3169
3169, 3171, 3173, 3175
3175, 3177, 3179, 3181
3181, 3183, 3185, 3187
3187, 3189, 3191, 3193
3193, 3195, 3197, 3199
3199, 3201, 3203, 3205
3205, 3207, 3209, 3211
3211, 3213, 3215, 3217
3217, 3219, 3221, 3223
3223, 3225, 3227, 3229
3229, 3231, 3233, 3235
3235, 3237, 3239, 3241
3241, 3243, 3245, 3247
3247, 3249, 3251, 3253
3253, 3255, 3257, 3259
3259, 3261, 3263, 3265
3265, 3267, 3269, 3271
3271, 3273, 3275, 3277
3277, 3279, 3281, 3283
3283, 3285, 3287, 3289
3289, 3291, 3293, 3295
3295, 3297, 3299, 3301
3301, 3303, 3305, 3307
3307, 3309, 3311, 3313
3313, 3315, 3317, 3319
3319, 3321, 3323, 3325
3325, 3327, 3329, 3331
3331, 3333, 3335, 3337
3337, 3339, 3341, 3343
3343, 3345, 3347, 3349
3349, 3351, 3353, 3355
3355, 3357, 3359, 3361
3361, 3363, 3365, 3367
3367, 3369, 3371, 3373
3373, 3375, 3377, 3379
3379, 3381, 3383, 3385
3385, 3387, 3389, 3391
3391, 3393, 3395, 3397
3397, 3399, 3401, 3403
3403, 3405, 3407, 3409
3409, 3411, 3413, 3415
3415, 3417, 3419, 3421
3421, 3423, 3425, 3427
3427, 3429, 3431, 3433
3433, 3435, 3437, 3439
3439, 3441, 3443, 3445
3445, 3447, 3449, 3451
3451, 3453, 3455, 3457
3457, 3459, 3461, 3463
3463, 3465, 3467, 3469
3469, 3471, 3473, 3475
3475, 3477, 3479, 3481
3481, 3483, 3485, 3487
3487, 3489, 3491, 3493
3493, 3495, 3497, 3499
3499, 3501, 3503, 3505
3505, 3507, 3509, 3511
3511, 3513, 3515, 3517
3517, 3519, 3521, 3523
3523, 3525, 3527, 3529
3529, 3531, 3533, 3535
3535, 3537, 3539, 3541
3541, 3543, 3545, 3547
3547, 3549, 3551, 3553
3553, 3555, 3557, 3559
3559, 3561, 3563, 3565
3565, 3567, 3569, 3571
3571, 3573, 3575, 3577
3577, 3579, 3581, 3583
3583, 3585, 3587, 3589
3589, 3591, 3593, 3595
3595, 3597, 3599, 3601
3601, 3603, 3605, 3607
3607, 3609, 3611, 3613
3613, 3615, 3617, 3619
3619, 3621, 3623, 3625
3625, 3627, 3629, 3631
3631, 3633, 3635, 3637
3637, 3639, 3641, 3643
3643, 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If e. correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

X 00523

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick County

Frederick City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred:

200 West South Street

How long in hospital or institution?

3. (a) FULL NAME

Virginia D. Franklin Welty

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or - Scott Sherman Welty

7. Birth date of deceased (mo., day, yr.) December 29-1870

8. AGE: Years Months Days If less than one day
77 0 22 hrs. min.B. Birthplace Bedford, Virginia
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name John H. Franklin

13. Birthplace Bedford, Virginia

14. Maiden name Arrabella Creasey

15. Birthplace Bedford, Virginia

16. Informant Philip H. Welty, Sr.

Address 200 W. South St.-Frederick, Md.

17. Burial Date thereof Jan. 23-1948
(Burial, cremation, or removal where?)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C.E. Cline and Son

Address Frederick, Maryland

19. Date rec'd by registrar Elizabeth S. Hecke
(Date rec'd by registrar) 22 Jan 1948 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Frederick

Frederick City or town

(If outside city or town limits, write RURAL and give nearest town)

200 West South Street Street No.

(If rural, give LOCATION)

None 2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20th 1948 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 20, 1948 to Jan. 20, 1948
and that I last saw her alive on Jan. 20, 1948

Immediate cause of death

Ca of ascending colon
with generalized
inflammation.
Due to.

DURATION

5 year

Due to.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

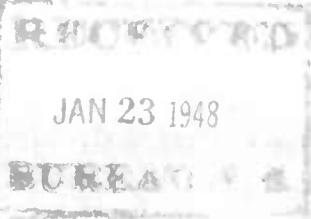
Means of injury

Injured at work?

23. SIGNATURE

Howard W. Lub M.D. or other

Address Frederick, Md. Date signer 1-22-48



Rec. H. H. Land

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line checked age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

43e
00524

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

14 East 4th St.

How long in hospital or Institution?

3. (a) FULL NAME

Harvey Cleason Hills

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of husband or wife Nellie Huntington
Hills6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) March 14, 18778. AGE: Years 70 Months 10 Days 7 If less than one day

hrs. min.

9. Birthplace Greenstone Pa.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Cabinet Stills13. Birthplace Greenstone, Pa.14. Maiden name unknown

15. Birthplace

16. Informant Mrs. Nellie HillsAddress Frederick, Md.17. Burial Date thereof Jan. 24 1948
(Burial, cremation, or removal) Burial (month) Jan. (day) 24 (year) 1948Cemetery or cemetery Frederick Memorial ParkLocation Frederick, Md.18. Funeral director Gladhill C.Address Middletown, Md.19. Date received by registrar 23 Jan 1948(Date received by registrar) 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Frederick (If outside city or town limits, write RURAL and give nearest town)Street No. 14 East 4th St.

(If rural, give LOCATION)

2.(a) If veteran, name war WWII

3. (b) Social Security Number

214-14-6456

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1948 at 10:50 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to Jan. 21 1948and that I last saw him alive on Jan. 20 1948Immediate cause of death MyocarditisDURATION 10 mos

Due to

Due to

Other conditions Pancreatitis, Nephritis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

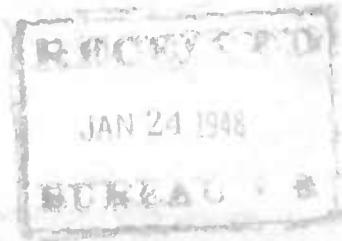
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J.M. Goodman M. D. or otherAddress Frederick, Md. Date signed 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

00525

CERTIFICATE OF DEATH

Reg. Distr. No. /34

1. PLACE OF DEATH: Frederick
 County: Frederick
 City or town: Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
at home

How long in hospital or institution? at home

3. (a) FULL NAME

Mary Jane Woods

4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Widowed

6. (b) Name of husband or wife: Lewis Bennett Woods

7. Birth date of deceased (mo., day, yr.): August 28-1842 6. (c) If alive, give age: Dead years

8. AGE: 102 Years Months: 4 Days: 28 If less than one day: hrs. min.

9. Birthplace: Morristown, Tennessee
 (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

12. Name: Caswell Gregson

13. Birthplace: Morristown, Tennessee

14. Maiden name: Margaret Anne

15. Birthplace: Morristown, Tennessee

16. Informant: Oma E. Woods (Daughter)

Address: Emmitsburg, Md.

17. Burial: Burial Date thereof: January 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Kaysville Cemetery

Location: Kaysville, Maryland

18. Funeral director: J. L. Collins

Address: Emmitsburg, Md.

19. Date rec'd by registrar: Jan 28 1948 M. F. Shaff Register

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Frederick
 City or town: near Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.: on Farm
 (If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

Nano

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 26 - 1948 at 10. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 - 1945 to Jan - 26 - 1948 and that I last saw her alive on January 25 - 1948.

Immediate cause of death: Cerebral Hemorrhage DURATION 7 days

Due to: Senile Arteriosclerosis 6 years

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: No operation Date of op. _____

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of _____

Where did injury occur? No injury Natural death _____

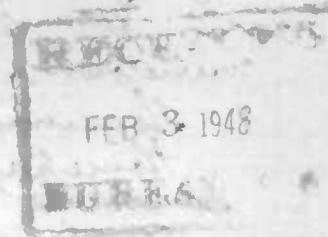
(City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of Injury: _____ Injured at work? _____

23. SIGNATURE: George H. Riggs M.D. M. D. or other _____

Address: Emmitsburg, Md. Date signed Jan 26-1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00526
189

CERTIFICATE OF DEATH

131

Reg. Dist. No.....

1. PLACE OF DEATH:

County. Frederick

City or town. Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

313 Phebus Avenue

How long in hospital or institution?

3. (a) FULL NAME

JAMES SYLVESTER YOUNG

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced*

M

C

S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

November 8, 1946

6. (c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

1

2

22

hrs.

min.

9. Birthplace.....

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation.....

Infant

11. Industry or business

MOTHER FATHER

Unknown

12. Name.....

Unknown

13. Birthplace

Viola Young

14. Maiden name

15. Birthplace

Frederick County Maryland

16. Informant.....

Viola Young

Address

213 Phebus Ave., Frederick, Md.

17. Burial

(Burial, cremation, or removal; Where?)

Date thereof. 1/31/48

(month) (day) (year)

Cemetery or cemetery

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director.....

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1948

Elizabeth J. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County. Frederick

City or town. Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 213 Phebus Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 30

19 48 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. 1/30 alive on Jan 30 1948

Immediate cause of death.

Malnutrition -
due to insufficient food - no medical care [initials]

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

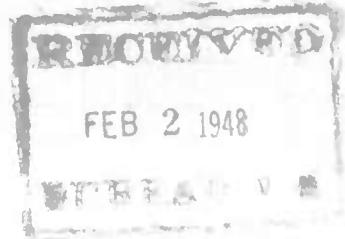
23. SIGNATURE

P. W. Barr

Deputy Coroner Ex.

M. D. or other

Address. Frederick, Md Date signed 1-30-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death clearly and legibly. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00527

CERTIFICATE OF DEATH

131

Reg. Distr. No.....

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Since 1917

Hospital, institution, or street address where death occurred:

409 North Market Street

How long in hospital or institution?

3. (a) FULL NAME

LAURA VIRGINIA ZIMMERMAN

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Lewis F. Zimmerman

7. Birth date of deceased (mo., day, yr.)

October 21, 1864

6.(c) If alive, give age years

8. AGE:

Years
83Months
2Days
20

If less than one day

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

A. B. Holtz

12. Name

Frederick County Maryland

13. Birthplace

Mary E. Cromwell

14. Maiden name

Frederick County Maryland

15. Birthplace

Carl Holtz

16. Informant

Trail Ave., Frederick, Md.

Address

Burial

Date thereof 1/13/48

(Burial, cremation, or removal. Where?)

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. 12 Jan 1948
(Date rec'd by Registrar)Elizabeth J. Heck.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

State

County

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

409 North Market Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1948 at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15, 1947 to Jan 11, 1948

and that I last saw her alive on Jan 11, 1948

Immediate cause of death

Cardiac arrest

Due to

Myocarditis

Due to

Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

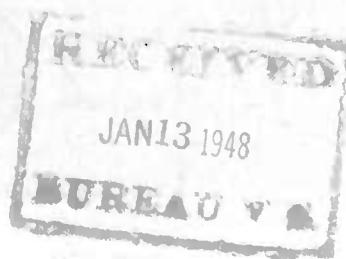
23. SIGNATURE

Frank H. Hedges M. D.

M. D. or other

Frederick, Maryland Date signed 1-12-48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00528
93d

CERTIFICATE OF DEATH

131

Reg. Dist. No.....

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

25 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

225 West Seventh Street

How long in hospital or institution?

3. (a) FULL NAME

M. ESTELLA ZIMMERNAN

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

William D. N. Zimmerman

6.(c) If alive, give age years

January 1, 1876

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

72 0 10 hrs. min.

9. Birthplace

Washington County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

Samuel W. Hoffmaster

12. Name

Washington County Maryland

13. Birthplace

Mary Catherine Rohrer

14. Maiden name

Washington County Maryland

15. Birthplace

Mrs. Emory Alexander

16. Informant

Address 225 W. 7th St., Frederick, Md.

Burial

(Burial, cremation, or removal) Date thereof (month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Location Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 12 Jan 1948
(Date rec'd by registrar)Elizabeth L. Tech.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

225 West Seventh Street

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1948, at 1:58 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1st, 1947, to January 11, 1948, and that I last saw her alive on January 11th, 1948.

Immediate cause of death

Cerebral hemorrhage

DURATION

42 days

Due to Cardiovascular disease

over 12 yrs.

Died of

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.. Date of ..

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. H. Conley

M. D. XXX

Frederick, Maryland Date signed 1/12/48

